## Case 17-00594 Doc 1 Filed 01/09/17 Entered 01/09/17 17:05:02 Desc Main Document Page 1 of 59

| Fill in this information to identify your case: |                                 |                                 |
|---|---------------------------------|---------------------------------|
| United States Bankruptcy Court for the:         |                                 |                                 |
| NORTHERN DISTRICT OF ILLINOIS                   | _                               |                                 |
| Case number (if known)                          | _ Chapter you are filing under: |                                 |
|   | ☐ Chapter 7                     |                                 |
|   | ☐ Chapter 11                    |                                 |
|   | ☐ Chapter 12                    |                                 |
|   | Chapter 13                      | Check if this an amended filing |

## Official Form 101

## **Voluntary Petition for Individuals Filing for Bankruptcy**

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Pai | rt 1: Identify Yourself  | Identify Yourself   |   |  |  |  |  |  |  |  |
|-----|--|---|---|--|--|--|--|--|--|--|
|     |  | About Debtor 1:   | About Debtor 2 (Spouse Only in a Joint Case):                     |  |  |  |  |  |  |  |
| 1.  | Your full name   |   |   |  |  |  |  |  |  |  |
|     | Write the name that is on your government-issued picture identification (for example, your driver's license or passport).  Bring your picture identification to your meeting with the trustee. | Rachel First name  C Middle name  Bruske Last name and Suffix (Sr., Jr., II, III) | First name  Middle name  Last name and Suffix (Sr., Jr., II, III) |  |  |  |  |  |  |  |
| 2.  | All other names you have used in the last 8 years. Include your married or maiden names.   | re  |   |  |  |  |  |  |  |  |
| 3.  | Only the last 4 digits of<br>your Social Security<br>number or federal<br>Individual Taxpayer<br>Identification number<br>(ITIN)   | xxx-xx-4769   |   |  |  |  |  |  |  |  |

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Case number (if known)

Debtor 1 Rachel C Bruske

|   |   | About Debtor 1:   | About Debtor 2 (Spouse Only in a Joint Case):  |  |  |  |
|---|---|---|--|--|--|--|
| 4.                                      | Any business names and<br>Employer Identification<br>Numbers (EIN) you have<br>used in the last 8 years | ■ I have not used any business name or EINs.  | ☐ I have not used any business name or EINs.   |  |  |  |
|   | Include trade names and doing business as names   | Business name(s)  | Business name(s)   |  |  |  |
|   |   | EINs  | EINs   |  |  |  |
| 5.                                      | Where you live  |   | If Debtor 2 lives at a different address:  |  |  |  |
|   |   | 1007 East Kevin Cir<br>Unit 5<br>Palatine, IL 60074   |  |  |  |  |
|   |   | Number, Street, City, State & ZIP Code  | Number, Street, City, State & ZIP Code   |  |  |  |
|   |   | Cook<br>County  | County   |  |  |  |
|   |   | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. |  |  |  |
|   |   | Number, P.O. Box, Street, City, State & ZIP Code  | Number, P.O. Box, Street, City, State & ZIP Code   |  |  |  |
| 6.                                      | Why you are choosing  | Check one:  | Check one:   |  |  |  |
| this district to file for<br>bankruptcy |   | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.                                | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.                       |  |  |  |
|   |   | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)   | ☐ I have another reason.<br>Explain. (See 28 U.S.C. § 1408.)   |  |  |  |
|   |   |   |  |  |  |  |

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Document Case number (if known) Debtor 1 Rachel C Bruske

| Par  | Tell the Court About  | our Ba | nkruptcy Ca                  | se  |   |   |
|--|---|--------|------------------------------|---|---|---|
| 7.   | The chapter of the Bankruptcy Code you are  |        |                              |   | f each, see <i>Notice Required by</i><br>page 1 and check the appropriate | 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy e box.   |
|  | choosing to file under  | ☐ Cha  | apter 7                      |   |   |   |
|  |   | ☐ Cha  | apter 11                     |   |   |   |
|  |   | ☐ Cha  | apter 12                     |   |   |   |
|  |   | ■ Cha  | apter 13                     |   |   |   |
| 8.   | How you will pay the fee  | a      | bout how yo                  | u may pay. Typic<br>attorney is submi         | ally, if you are paying the fee yo  | k with the clerk's office in your local court for more details<br>urself, you may pay with cash, cashier's check, or money<br>alf, your attorney may pay with a credit card or check with |
|  |   |        |                              |   |   | on, sign and attach the Application for Individuals to Pay  |
| The Filing Fee in Installments (Official Form 103A).  I request that my fee be waived (You may request this op |   |        |                              |   |   | only if you are filing for Chapter 7. By law, a judge may   |
|  |   | t<br>a | out is not requipplies to yo | uired to, waive yo<br>ur family size and      | our fee, and may do so only if yo you are unable to pay the fee in        | ur income is less than 150% of the official poverty line that<br>n installments). If you choose this option, you must fill out<br>ial Form 103B) and file it with your petition.          |
| 9.   | Have you filed for bankruptcy within the last 8 years?  | ■ No.  |                              |   |   |   |
|  |   |        | District                     |   | When  | Case number   |
|  |   |        | District                     |   | When  | Case number   |
|  |   |        | District                     |   | When  | Case number   |
| 10.  | Are any bankruptcy cases pending or being   | ■ No   |                              |   |   |   |
|  | filed by a spouse who is<br>not filing this case with<br>you, or by a business<br>partner, or by an<br>affiliate? | ☐ Yes  |                              |   |   |   |
|  |   |        | Debtor                       |   |   | Relationship to you   |
|  |   |        | District                     |   | When  | Case number, if known   |
|  |   |        | Debtor                       |   |   | Relationship to you   |
|  |   |        | District                     |   | When  | Case number, if known   |
| 11.  | Do you rent your residence?   | ■ No.  | Go to I                      | ne 12.  |   |   |
|  | residence:  | ☐ Yes  | . Has yo                     | ur landlord obtair                            | ned an eviction judgment agains   | t you and do you want to stay in your residence?  |
|  |   |        |                              | No. Go to line 12                             | 2.  |   |
|  |   |        |                              | Yes. Fill out <i>Initia</i> bankruptcy petiti |   | Judgment Against You (Form 101A) and file it with this  |

Document Page 4 of 59 Case number (if known) Debtor 1 Rachel C Bruske Part 3: Report About Any Businesses You Own as a Sole Proprietor 12. Are you a sole proprietor of any full- or part-time No. Go to Part 4. business? Name and location of business ☐ Yes. A sole proprietorship is a business you operate as Name of business, if any an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. Number, Street, City, State & ZIP Code If you have more than one sole proprietorship, use a separate sheet and attach it to this petition. Check the appropriate box to describe your business: Health Care Business (as defined in 11 U.S.C. § 101(27A)) Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) None of the above 13. Are you filing under If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate Chapter 11 of the deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of Bankruptcy Code and are operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure you a small business in 11 U.S.C. 1116(1)(B). debtor? I am not filing under Chapter 11. No. For a definition of small business debtor, see 11 I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy □ No. U.S.C. § 101(51D). I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code. ☐ Yes. Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention 14. Do you own or have any ■ No. property that poses or is alleged to pose a threat ☐ Yes. of imminent and What is the hazard? identifiable hazard to public health or safety? Or do you own any If immediate attention is property that needs immediate attention? needed, why is it needed?

Number, Street, City, State & Zip Code

Where is the property?

For example, do you own perishable goods, or livestock that must be fed,

or a building that needs urgent repairs?

Debtor 1 Rachel C Bruske Page 5 of 59 Case number (if known)

Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling

### Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

#### About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

### ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

### ☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

### ☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

## About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of:                               |

### ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

## ☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

### ☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Document Page 6 of 59 Case number (if known) Debtor 1 Rachel C Bruske Part 6: **Answer These Questions for Reporting Purposes** 16. What kind of debts do 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." you have? ☐ No. Go to line 16b. Yes. Go to line 17. 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. ☐ No. Go to line 16c. ☐ Yes. Go to line 17. 16c. State the type of debts you owe that are not consumer debts or business debts 17. Are you filing under I am not filing under Chapter 7. Go to line 18. No. Chapter 7? Do you estimate that I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses ☐ Yes. after any exempt are paid that funds will be available to distribute to unsecured creditors? property is excluded and administrative expenses □ No are paid that funds will □ Yes be available for distribution to unsecured creditors? 18. How many Creditors do 1-49 **1**,000-5,000 **1** 25,001-50,000 you estimate that you **5001-10,000 5**0,001-100,000 **50-99** owe? **1**0,001-25,000 ☐ More than 100,000 **1**00-199 **200-999** 19. How much do you **\$0 - \$50,000** □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion estimate your assets to □ \$50,001 - \$100,000 □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion be worth? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion **\$100,001 - \$500,000** □ \$100,000,001 - \$500 million ☐ More than \$50 billion □ \$500.001 - \$1 million 20. How much do you □ \$0 - \$50,000 □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion estimate your liabilities □ \$50,001 - \$100,000 □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion to be? **\$100,001 - \$500,000** □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion □ \$100,000,001 - \$500 million ■ More than \$50 billion □ \$500,001 - \$1 million Sign Below Part 7: For you I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct. If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11. United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Rachel C Bruske Signature of Debtor 2 Rachel C Bruske Signature of Debtor 1 Executed on January 9, 2017 Executed on

MM / DD / YYYY

MM / DD / YYYY

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Debtor 1 Rachel C Bruske Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| /s/ John P. Carlin<br>Signature of Attorney for Debtor | Date          | January 9, 2017<br>MM / DD / YYYY |  |  |  |  |  |  |
|--|---------------|-----------------------------------|--|--|--|--|--|--|
| John P. Carlin Printed name                            |               |                                   |  |  |  |  |  |  |
| John Carlin Firm name                                  |               |                                   |  |  |  |  |  |  |
| 1305 Remington Road Suite C                            |               |                                   |  |  |  |  |  |  |
| Schaumburg, IL 60173                                   |               |                                   |  |  |  |  |  |  |
| Number, Street, City, State & ZIP Code                 |               |                                   |  |  |  |  |  |  |
| Contact phone <u>847-843-8600</u>                      | Email address | jcarlin@changandcarlin.com        |  |  |  |  |  |  |
| 6277222  |               |                                   |  |  |  |  |  |  |
| Bar number & State                                     |               |                                   |  |  |  |  |  |  |

|                     |                          | 1700.11111        | :III        |                                       |
|---------------------|--------------------------|-------------------|-------------|---------------------------------------|
| Fill in this infor  | mation to identify your  | case:             |             |                                       |
| Debtor 1            | Rachel C Bruske          |                   |             |                                       |
|                     | First Name               | Middle Name       | Last Name   |                                       |
| Debtor 2            |                          |                   |             |                                       |
| (Spouse if, filing) | First Name               | Middle Name       | Last Name   |                                       |
| United States Ba    | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS |                                       |
| Case number         |                          |                   |             |                                       |
| (if known)          |                          |                   |             | Check if this is an<br>amended filing |

## Official Form 106Sum

## Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

|     |  |             | assets<br>of what you own |
|-----|--|-------------|---------------------------|
| 1.  | Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B   | \$          | 120,000.00                |
|     | 1b. Copy line 62, Total personal property, from Schedule A/B   | \$          | 23,500.00                 |
|     | 1c. Copy line 63, Total of all property on Schedule A/B  | \$          | 143,500.00                |
| Paı | t 2: Summarize Your Liabilities  |             |                           |
|     |  |             | iabilities<br>nt you owe  |
| 2.  | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$          | 101,011.00                |
| 3.  | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F                            | \$          | 3,000.00                  |
|     | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F  | \$          | 18,930.00                 |
|     | Your total liabilities   | \$          | 122,941.00                |
| Paı | t 3: Summarize Your Income and Expenses  |             |                           |
| 4.  | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I  | \$          | 3,951.99                  |
| 5.  | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J  | \$          | 2,700.00                  |
| Paı | t 4: Answer These Questions for Administrative and Statistical Records   |             |                           |
| 6.  | Are you filing for bankruptcy under Chapters 7, 11, or 13?  No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you                     | ır other so | hedules.                  |
| 7.  | ■ Yes What kind of debt do you have?   |             |                           |
|     |  |             |                           |

household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

the court with your other schedules.

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| 8. | From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form |
|----|--|
|    | 122A-1 Line 11; <b>OR</b> , Form 122B Line 11; <b>OR</b> , Form 122C-1 Line 14.                              |

7,651.00 \$

Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

|  | Total cla | im       |
|--|-----------|----------|
| From Part 4 on Schedule E/F, copy the following:   |           |          |
| 9a. Domestic support obligations (Copy line 6a.)   | \$        | 0.00     |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.)  | \$        | 3,000.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)  | \$        | 0.00     |
| 9d. Student loans. (Copy line 6f.)   | \$        | 0.00     |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$        | 0.00     |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)                                       | +\$       | 0.00     |
| 9g. <b>Total.</b> Add lines 9a through 9f.   | \$        | 3,000.00 |

|               |                                       | Case 17-005   | 94                  | Doc 1                              |                           | 01/09/17<br>ument                  | Entered 01/09/1   | .7 17:05:02                            | Desc           | : Main                                       |
|---------------|---------------------------------------|---|---------------------|------------------------------------|---------------------------|------------------------------------|---|--|----------------|--|
| Filli         | n this ir                             | nformation to ident                                 | ify yo              | ur case and t                      |                           |                                    |   |  |                |  |
| Debt          | tor 1                                 | Rachel C I  | 3rusk               | e                                  |                           |                                    |   |  |                |  |
|               |                                       | First Name  |                     |                                    | le Name                   |                                    | Last Name   |  |                |  |
|               | tor 2<br>ise, if filing)              | First Name  |                     | Middl                              | le Name                   |                                    | Last Name   |  |                |  |
| Unite         | ed State                              | s Bankruptcy Court                                  | for the             | : NORTHER                          | RN DISTI                  | RICT OF ILLIN                      | NOIS  |  |                |  |
| C00/          | e numbe                               |   |                     |                                    |                           |                                    |   |  | _              | 1  |
| Case          | e numbe                               | er  |                     |                                    |                           |                                    | -   |  |                | I Check if this is an<br>amended filing      |
| Sc            | hed                                   | Form 106A<br><b>ule A/B: I</b>                      | Pro                 | <u> </u>                           |                           |                                    |   |  |                | 12/15  |
| nink<br>nforn | it fits bes<br>nation. If<br>er every | st. Be as complete an more space is neede question. | nd acci<br>ed, atta | urate as possib<br>ch a separate s | le. If two<br>sheet to th | married people<br>nis form. On the | In asset fits in more than one<br>are filing together, both are<br>e top of any additional pages<br>on or Have an Interest In | equally responsi                       | ble for supp   | lying correct                                |
|               |                                       |   |                     |                                    |                           |                                    |   |  |                |  |
| _             | -                                     | , -   | equita              | ible interest in a                 | any resid                 | ence, building,                    | land, or similar property?  |  |                |  |
|               | No. Go to                             |   |                     |                                    |                           |                                    |   |  |                |  |
|               | Yes. Wh                               | nere is the property?                               |                     |                                    |                           |                                    |   |  |                |  |
|               |                                       |   |                     |                                    |                           |                                    |   |  |                |  |
| 1.1           |                                       |   |                     |                                    | What                      | is the property                    | ? Check all that apply  |  |                |  |
|               | 1007 E                                | Kevin Cir   |                     |                                    |                           | Single-family h                    |   | Do not deduct s                        | ecured claim   | s or exemptions. Put                         |
|               | Unit 5                                |   |                     |                                    |                           | Duplex or mult                     |   | the amount of a                        | ny secured c   | laims on Schedule D:<br>Secured by Property. |
|               | Street add                            | dress, if available, or other                       | descript            | ion                                |                           | Condominium                        | or cooperative  | Creditors Who I                        | lave Claii lis | Secured by Froperty.                         |
|               |                                       |   |                     |                                    |                           | Manufactured                       | or mobile home  |  |                |  |
|               | Palatin                               | ne IL   | 6                   | 0074-0000                          |                           | Land                               |   | Current value of<br>entire property    |                | Current value of the<br>portion you own?     |
| -             | City                                  | Stat  | te                  | ZIP Code                           |                           | Investment pro                     | operty  | \$120,0                                | 00.00          | \$120,000.00                                 |
|               |                                       |   |                     |                                    |                           | Timeshare                          |   | Describe the na                        | ature of you   | r ownership interest                         |
|               |                                       |   |                     |                                    | Who                       | Other                              | in the preparty? Observer   | (such as fee single a life estate), if |                | cy by the entireties, or                     |
|               |                                       |   |                     |                                    | WIIO                      | Debtor 1 only                      | in the property? Check one  | a mo cotato,, n                        |                |  |
|               | Cook                                  |   |                     |                                    | _                         | Debtor 2 only                      |   |  |                |  |
|               | County                                |   |                     |                                    |                           | Debtor 1 and I                     | Debtor 2 only   |  |                |  |
|               |                                       |   |                     |                                    |                           |                                    | f the debtors and another   | Check if the (see instruction          |                | unity property                               |
|               |                                       |   |                     |                                    | Other                     |                                    | ou wish to add about this iter  | ,                                      | ,              |  |
|               |                                       |   |                     |                                    |                           |                                    |   |  |                |  |
|               |                                       |   |                     |                                    |                           |                                    |   |  |                |  |
| 2. <i>I</i>   | Add the                               | dollar value of the                                 | portic              | on you own fo                      | or all of v               | our entries f                      | rom Part 1, including any   | entries for                            |                |  |

pages you have attached for Part 1. Write that number here.....=>

\$120,000.00

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Official Form 106A/B Schedule A/B: Property page 1 Case 17-00594 Doc 1 Filed 01/09/17 Entered 01/09/17 17:05:02 Desc Main Document Page 11 of 59

Debtor 1 Rachel C Bruske 3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles ☐ No Yes Do not deduct secured claims or exemptions. Put Honda Make: Who has an interest in the property? Check one the amount of any secured claims on Schedule D: Civic Creditors Who Have Claims Secured by Property. Model: Debtor 1 only 2008 Year: Debtor 2 only Current value of the Current value of the 123000 Approximate mileage: Debtor 1 and Debtor 2 only entire property? portion you own? Other information: At least one of the debtors and another \$3,900.00 \$3,900.00 ☐ Check if this is community property (see instructions) Do not deduct secured claims or exemptions. Put Volkswagon Who has an interest in the property? Check one 3.2 Make: the amount of any secured claims on Schedule D: CC Creditors Who Have Claims Secured by Property. ■ Debtor 1 only Model: 2012 Year: Debtor 2 only Current value of the Current value of the 65000 Approximate mileage: entire property? portion you own? ☐ Debtor 1 and Debtor 2 only Other information: ☐ At least one of the debtors and another \$11,000.00 \$11,000.00 ☐ Check if this is community property (see instructions) 4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories ■ No ☐ Yes 5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for \$14,900.00 Part 3: Describe Your Personal and Household Items Do you own or have any legal or equitable interest in any of the following items? Current value of the portion you own? Do not deduct secured claims or exemptions. 6. Household goods and furnishings Examples: Major appliances, furniture, linens, china, kitchenware Π Nο Yes. Describe..... misc used household goods general furnishings \$800.00 tv, bet, bedroom and living room set 7. Electronics Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games ■ No ☐ Yes. Describe..... 8. Collectibles of value Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles No ☐ Yes. Describe.....

| D  | ebtor 1                       | Rachel C Bruske   | Document                    | Page 12 of 59 Case number (if known)                                 |   |
|----|-------------------------------|---|-----------------------------|--|---|
|    |                               |   |                             | Case number (# Mown)   |   |
| 9. | Example                       | nt for sports and hobbies s: Sports, photographic, exercise, an musical instruments         | d other hobby equipment;    | bicycles, pool tables, golf clubs, skis; canoes                      | and kayaks; carpentry tools;                                  |
|    | ■ No                          | Describe  |                             |  |   |
| 40 |                               |   |                             |  |   |
| 10 | . Firearm<br>Example<br>■ No  | s<br>les: Pistols, rifles, shotguns, ammuni   | tion, and related equipmen  | t  |   |
|    |                               | Describe  |                             |  |   |
| 11 | . <b>Clothes</b> Example □ No | es: Everyday clothes, furs, leather co  | oats, designer wear, shoes  | , accessories  |   |
|    | Yes.                          | Describe  |                             |  |   |
|    |                               | used clothing   |                             |  | \$400.00  |
|    |                               |   |                             |  |   |
| 12 | ■ No                          |   | ry, engagement rings, wed   | ding rings, heirloom jewelry, watches, gems, g                       | gold, silver  |
| 40 |                               |   |                             |  |   |
| 13 |                               | m animals<br>es: Dogs, cats, birds, horses  |                             |  |   |
|    | ■ No<br>□ Yes                 | Describe  |                             |  |   |
| 11 |                               |   | you did not already list i  | ncluding any health aids you did not list                            |   |
| '- | ■ No                          | or personal and nousehold hems  | you are not an easy not, i  | moraling any near and you did not not                                |   |
|    | ☐ Yes. (                      | Give specific information   |                             |  |   |
| 14 | 5 Add th                      | e dollar value of all of your entries   | s from Part 3 including a   | ny entries for pages you have attached                               |   |
| ,  |                               | rt 3. Write that number here  |                             |  | \$1,200.00  |
| D. | art 4: Des                    | cribe Your Financial Assets   |                             |  |   |
|    |                               | n or have any legal or equitable in   | terest in any of the follow | ving?  | Current value of the  |
|    |                               |   | ·                           |  | portion you own?  Do not deduct secured claims or exemptions. |
| 16 | . Cash                        | log. Monoy you hove in your wallet in   |                             | osit box, and on hand when you file your petiti                      |   |
|    | ■ No                          | es. Money you have in your wallet, if   | r your nome, in a sale dep  | osit box, and on hand when you me your penn                          | OII   |
|    | ☐ Yes                         |   |                             |  |   |
| 17 |                               | s of money<br>es: Checking, savings, or other finan<br>institutions. If you have multiple a |                             | of deposit; shares in credit unions, brokerage stitution, list each. | houses, and other similar                                     |
|    | □ No                          |   | Institution                 |  |   |
|    | Yes                           |   | เกรแนติดก เ                 | iaiiic.  |   |
|    |                               | 17.1.   | Checking                    | account with JP Morgan Chase   | \$7,000.00  |

Official Form 106A/B Schedule A/B: Property page 3

9.

| D   | ebtor 1                   | Rachel C Bruske   | DOC 1                              | Document                   | Page 13 of 59              | ase number (if known)     | Desc Main   |
|-----|---------------------------|---|------------------------------------|----------------------------|----------------------------|---------------------------|---|
|     |                           |   |                                    |                            |                            | ase number (# known)      |   |
| 18. |                           | mutual funds, or public<br>les: Bond funds, investm                             |                                    |                            | ney market accounts        |                           |   |
|     |                           |   | Institution or iss                 | suer name:                 |                            |                           |   |
|     |                           |   | Stock in Hertz                     | <u>z</u>                   |                            |                           | \$400.00  |
| 19. | joint ve                  |   | interests in inc                   | corporated and uninc       | orporated businesses,      | including an interest     | in an LLC, partnership, and                                 |
|     | ■ No                      | 0:  | ale and the are                    |                            |                            |                           |   |
|     | ⊔ Yes.                    | Give specific information<br>Na   | me of entity:                      |                            | C                          | % of ownership:           |   |
| 20. | Negotia<br>Non-ne<br>■ No | ment and corporate bo<br>able instruments include<br>egotiable instruments are  | personal checks<br>those you canno | , cashiers' checks, pro    | missory notes, and mon     |                           |   |
|     | ☐ Yes. (                  | Give specific information<br>Iss  | about them uer name:               |                            |                            |                           |   |
| 21. | Examp  ■ No               | nent or pension accoun<br>les: Interests in IRA, ERI                            | SA, Keogh, 401(                    | (k), 403(b), thrift saving | s accounts, or other per   | nsion or profit-sharing p | olans   |
|     | ☐ Yes. I                  | ist each account separa.<br>Type  | tely.<br>of account:               | Institution r              | name:                      |                           |   |
| 22. | Your sh                   | y deposits and prepayr<br>nare of all unused deposi<br>les: Agreements with lan | ts you have mad                    |                            |                            |                           | es, or others   |
|     | ☐ Yes                     |   |                                    | Institution r              | name or individual:        |                           |   |
| 23. | _                         | es (A contract for a perio  | dic payment of r                   | money to you, either for   | life or for a number of y  | /ears)                    |   |
|     | ■ No<br>□ Yes             | lssuer nan  | ne and description                 | on.                        |                            |                           |   |
| 24  |                           | s in an education IRA, i<br>C. §§ 530(b)(1), 529A(b),                           |                                    | a qualified ABLE pro       | ogram, or under a qual     | ified state tuition pro   | gram.   |
|     | ☐ Yes                     | Institution   | name and descri                    | iption. Separately file th | ne records of any interes  | sts.11 U.S.C. § 521(c):   |   |
| 25. | Trusts,                   | equitable or future inte  | rests in proper                    | ty (other than anythin     | g listed in line 1), and   | rights or powers exe      | cisable for your benefit                                    |
|     |                           | Give specific information   | about them                         |                            |                            |                           |   |
| 26. |                           | s, copyrights, trademarl<br>les: Internet domain nam                            |                                    |                            |                            | s                         |   |
|     | _                         | Give specific information   | about them                         |                            |                            |                           |   |
| 27. |                           | es, franchises, and other<br>les: Building permits, exc                         |                                    |                            | n holdings, liquor license | es, professional license  | es  |
|     |                           | Give specific information   | about them                         |                            |                            |                           |   |
| M   | oney or p                 | property owed to you?   |                                    |                            |                            |                           | Current value of the portion you own? Do not deduct secured |

Official Form 106A/B Schedule A/B: Property page 4

claims or exemptions.

|                   | Case 17-00594  | Doc 1                           | Filed 01/09/17             | Entered 01/09/17 17:05:02                      | Desc Main                  |
|-------------------|--|---------------------------------|----------------------------|--|----------------------------|
| Debtor 1          | Rachel C Bruske  |                                 | Document                   | Page 14 of 59  Case number (if known)          |                            |
| _                 | funds owed to you  |                                 |                            |  |                            |
| ■ No              | Give specific information  | about them in                   | cluding whether you alre   | eady filed the returns and the tax years       |                            |
| <b>—</b> 103.     | . Give specific information  | about triom, in                 | cluding whether you allo   | and the leturns and the tax years              |                            |
| 29. Family        |  |                                 |                            |  |                            |
| Exam<br>■ No      | ples: Past due or lump sur   | n alimony, spo                  | usal support, child supp   | ort, maintenance, divorce settlement, property | settlement                 |
|                   | Give specific information.   |                                 |                            |  |                            |
|                   |  |                                 |                            |  |                            |
| Exam              | amounts someone owes<br>ples: Unpaid wages, disab<br>benefits; unpaid loar | ility insurance                 |                            | efits, sick pay, vacation pay, workers' comper | nsation, Social Security   |
| ■ No<br>□ Yes.    | Give specific information  |                                 |                            |  |                            |
|                   | sts in insurance policies  |                                 |                            |  |                            |
|                   |  | ife insurance;                  | health savings account (   | HSA); credit, homeowner's, or renter's insurar | ice                        |
|                   | . Name the insurance com   | pany of each p                  | oolicy and list its value. |  |                            |
|                   | Co   | mpany name:                     |                            | Beneficiary:                                   | Surrender or refund value: |
|                   |  | rm life insura<br>rrent cash va | nce through employe<br>lue | r - no   | \$0.00                     |
| ■ No              | one has died.  Give specific information                                   |                                 |                            |  |                            |
|                   | s against third parties, w   |                                 |                            | it or made a demand for payment<br>s to sue    |                            |
| ■ No              | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,                                    |                                 | ,                          |  |                            |
| ☐ Yes.            | Describe each claim  |                                 |                            |  |                            |
| _                 | contingent and unliquida   | ated claims of                  | f every nature, includin   | g counterclaims of the debtor and rights to    | set off claims             |
| ■ No<br>□ Yes.    | Describe each claim  |                                 |                            |  |                            |
| 35. Any fi        | nancial assets you did n   | ot already list                 |                            |  |                            |
| ■ No              | •  | -                               |                            |  |                            |
| ☐ Yes.            | Give specific information  |                                 |                            |  |                            |
|                   |  | •                               | , ,                        | ny entries for pages you have attached         | \$7,400.00                 |
| Part 5: De        | escribe Any Business-Relate  | ed Property You                 | Own or Have an Interest    | In. List any real estate in Part 1.            |                            |
| 37. <b>Do you</b> | own or have any legal or eq  | uitable interest                | in any business-related p  | roperty?                                       |                            |
|                   | o to Part 6.   |                                 |                            |  |                            |
| ☐ Yes. (          | Go to line 38.   |                                 |                            |  |                            |
|                   | escribe Any Farm- and Comi<br>you own or have an interest in               |                                 |                            | n or Have an Interest In.                      |                            |
| 46. <b>Do yo</b>  | u own or have any legal  | or equitable in                 | nterest in any farm- or    | commercial fishing-related property?           |                            |

No. Go to Part 7.

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Case number (if known) Document Debtor 1 Rachel C Bruske ☐ Yes. Go to line 47. Describe All Property You Own or Have an Interest in That You Did Not List Above Part 7: 53. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership No ☐ Yes. Give specific information....... 54. Add the dollar value of all of your entries from Part 7. Write that number here ..... \$0.00 List the Totals of Each Part of this Form Part 8: 55. Part 1: Total real estate, line 2 \$120,000.00 Part 2: Total vehicles, line 5 \$14,900.00 Part 3: Total personal and household items, line 15 \$1,200.00 Part 4: Total financial assets, line 36 58. \$7,400.00 Part 5: Total business-related property, line 45 59. \$0.00 Part 6: Total farm- and fishing-related property, line 52 \$0.00 Part 7: Total other property not listed, line 54 61. \$0.00 Total personal property. Add lines 56 through 61... \$23,500.00 Copy personal property total \$23,500.00 63. Total of all property on Schedule A/B. Add line 55 + line 62 \$143,500.00

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Desc Main

Official Form 106A/B Schedule A/B: Property page 6

Case 17-00594

Doc 1

Filed 01/09/17

| Fill in this infor  | mation to identify your  |                   |             |  |
|---------------------|--------------------------|-------------------|-------------|--|
| Fill in this infor  | mation to identify your  | case:             |             |  |
| Debtor 1            | Rachel C Bruske          |                   |             |  |
|                     | First Name               | Middle Name       | Last Name   |  |
| Debtor 2            |                          |                   |             |  |
| (Spouse if, filing) | First Name               | Middle Name       | Last Name   |  |
| United States Ba    | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS |  |
|                     |                          |                   |             |  |
| Case number         |                          |                   |             |  |
| (if known)          |                          |                   |             |  |
|                     |                          |                   |             |  |

## Official Form 106C

## Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

#### Part 1: Identify the Property You Claim as Exempt

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
  - You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
  - ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

| Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | Amount of the exemption you claim Specific laws that allow exemption |
|---|--------------------------------------|--|
|   | Copy the value from<br>Schedule A/B  | Check only one box for each exemption.                               |
| 1007 E Kevin Cir Unit 5 Palatine, IL 60074 Cook County                              | \$120,000.00                         | \$15,000.00 735 ILCS 5/12-901  |
| Line from Schedule A/B: 1.1   |                                      | ☐ 100% of fair market value, up to any applicable statutory limit    |
| 2012 Volkswagon CC 65000 miles  | \$11,000.00                          | \$2,400.00 735 ILCS 5/12-1001(c)                                     |
| Life from Schedule Arb. 3.2   |                                      | □ 100% of fair market value, up to any applicable statutory limit    |
| misc used household goods general furnishings                                       | \$800.00                             | \$900.00 735 ILCS 5/12-1001(b)                                       |
| tv, bet, bedroom and living room set<br>Line from Schedule A/B: 6.1                 |                                      | □ 100% of fair market value, up to any applicable statutory limit    |
| used clothing Line from Schedule A/B: 11.1  | \$400.00                             | \$400.00 735 ILCS 5/12-1001(a)                                       |
| Elle Holli Genedale A.B. 11.1   |                                      | ☐ 100% of fair market value, up to any applicable statutory limit    |
| Checking account with JP Morgan Chase   | \$7,000.00                           | \$3,100.00 735 ILCS 5/12-1001(b)                                     |
| Line from Schedule A/B: 17.1  |                                      | □ 100% of fair market value, up to any applicable statutory limit    |

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Debtor 1 Rachel C Bruske

3. Are you claiming a homestead exemption of more than \$160,375?

(Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.)

No

Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?

No

Yes

| Difficial Form 106D Schedule D: Creditors Who Have Claims Secured by Property  12/15  Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case unumber (if known).  Do any creditors have claims secured by your property?  No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.  Yes. Fill in all of the information below.  Part1: List All Secured Claims  2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As mount of claim Do not deduct the value of collateral that supports this claim  Describe the property that secures the claim:  1007 E Kevin Cir Unit 5 Palatine, IL 60074 Cook County  As of the date you file, the claim is: Check all that apply.  Contingent  Uniliquidated  Disputed  | Case                       | 17-00594             | Doc 1 Filed 01/0                     |                            | of 59                   | 05:02 Desc N                                   | iaiii         |
|--|----------------------------|----------------------|--------------------------------------|----------------------------|-------------------------|--|---------------|
| Debtor 2   First Name   Middle Name   Last | Fill in this informatio    | n to identify you    | ur case:                             |                            |                         |  |               |
| Debtor 2   Closure if, filling  First Name   Middle Name   Last Name   | Debtor 1 R                 | achel C Bruske       | )                                    |                            |                         |  |               |
| United States Bankruptcy Court for the:    NORTHERN DISTRICT OF ILLINOIS   |                            | rst Name             | Middle Name                          | Last Name                  |                         |  |               |
| United States Bankruptcy Court for the:    Case number   Check if this is an amended filling   | _                          | rst Name             | Middle Name                          | Last Name                  |                         |  |               |
| Case number   Check if this is an amended filing   |                            |                      |                                      |                            |                         |  |               |
| Official Form 106D Schedule D: Creditors Who Have Claims Secured by Property  12/15  Be a complete and accurate as possible. If two married people are filling together, both are equally responsible for supplying correct information. If more space sneeded, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).  Do any creditors have claims secured by your property?  No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.  Yes, Fill in all of the information below.  Part 1: List All Secured Claims  2. List all secured claims. If a creditor has a particular claim, list the creditor's separately for each claim. If more than one creditor has a particular claim, list the creditor's name.  2. List all secured claims a possible, list the claims in alphabetical order according to the creditor's name.  Tifth Third Bank  Describe the property that secures the claim:  1830 E Paris Ave Se Grand Rapids, MI 49546  Number, Sireet, City, State & Zip Code  Who owes the debt? Check one.  As of the date you file, the claim is: Check all that apply.  As of the date you file, the claim is: Check all that apply.  As a greenent you made (such as mortgage or secured carloan)  Debtor 1 and Debtor 2 only  Check if this is an amended filing  Check if this is an amended filing a right to offset)  Opened  Of Check in this dogs are supplying correct information. If more spaces and another carries and a community debt  Debtor 1 and Debtor 2 only  Check if this is an amended filing together, both are equally responsible for supplying correct information. If more spaces are depth and attach it that apply.  As of the date you file, the claim is: Check all that apply.  An agreement you made (such as tax lien, mechanic's lien)  Judgment lien from a lawsuit  Column A  Amount of claim  Do | United States Bankrup      | otcy Court for the   | : NORTHERN DISTRICT                  | r of Illinois              |                         |  |               |
| Official Form 106D Schedule D: Creditors Who Have Claims Secured by Property  12/15  Le a complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more spaces needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).  Do any creditors have claims secured by your property?  No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.  Yes, Fill in all of the information below.  Part 1: List All Secured Claims  2. List all secured claims. If a creditor has a particular claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the creditor's name.  2. List all secured claims a possible, list the claims in alphabetical order according to the creditor's name.  Terditor's Name  Describe the property that secures the claim:  1830 E Paris Ave Se Grand Rapids, MI 49546  Number, Sireet, City, State & Zip Code  Who owes the debt? Check one.  As of the date you file, the claim is: Check all that apply.  As of the date you file, the claim is: Check all that apply.  As a greenment you made (such as mortgage or secured carl oan)  Debtor 1 and Debtor 2 only  Check if this is an amended filing  Check if this calmi relates to a community debt  Opened  Of 12 Last  Active  | Case number                |                      |                                      |                            |                         |  |               |
| Difficial Form 106D Schedule D: Creditors Who Have Claims Secured by Property  12/15  Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).  Do any creditors have claims secured by your property?  No Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.  Test All Secured Claims  2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one recreditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.  2.1 Fifth Third Bank  Describe the property that secures the claim:  1007 E Kevin Cir Unit 5 Palatine, IL  60074 Cook County  As of the date you file, the claim is: Check all that apply.  As of the date you file, the claim is: Check all that apply.  As of the date you file. Check only in a particulated  Debtor 1 only  Debtor 1 only  Debtor 2 only  Debtor 2 only  As of the date you file, the claim is: Check all that apply.  An agreement you made (such as mortgage or secured car loan)  Statutory lien (such as tax lien, mechanic's lien)  Debtor 2 only  Debtor 3 and Debtor 2 only  Check if this claim relates to a community debt  Opened  Opened  Office Last Active  |                            |                      |                                      |                            |                         | ☐ Check  | if this is an |
| Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).  I. Do any creditors have claims secured by your property?    No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.    Yes. Fill in all of the information below.    Part 1:   |                            |                      |                                      |                            |                         | amend  | ded filing    |
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| Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case unumber (if known).  I. Do any creditors have claims secured by your property?  No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.  If yes, Fill in all of the information below.  Part 1: List All Secured Claims  2. List all secured claims. If a creditor has more than one secured claim, list the order creditors in Part 2. As mount of claim for each claim. If more than one or creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.  Pescribe the property that secures the claim:  1007 E Kevin Cir Unit 5 Palatine, IL 60074 Cook County  As of the date you file, the claim is: Check all that apply.  Contingent  Uniliquidated  Disputed  Number, Street, City, State & Zip Code  Who owes the debt? Check one.  Debtor 1 only  Debtor 1 only  Debtor 1 and Debtor 2 only  At least one of the debtors and another  Check if this claim relates to a community debt  Opened  O6/12 Last  Active  | Schedule D:                | Creditors            | Who Have Cla                         | ims Secured                | by Property             | V  | 12/15         |
| s needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).  Do any creditors have claims secured by your property?  No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.  Yes. Fill in all of the information below.  Part 1: List All Secured Claims.  Yes. Fill in all of the information below.  Part 1: List All Secured Claims. If a creditor has more than one secured claim, list the creditor separately or each claims. If a creditor has a particular claim, list the other creditors in Part 2. As a for each claim. If more than one creditor has a particular claim, list the other creditor's name.  Describe the property that secures the claim:  1007 E Kevin Cir Unit 5 Palatine, IL 60074 Cook County  As of the date you file, the claim is: Check all that apply.  Creditor's Name  Debtor 1 only Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt  Opened 06/12 Last Active  |                            |                      |                                      |                            | <u> </u>                | <u>,                                      </u> |               |
| Do any creditors have claims secured by your property?  No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.  Yes. Fill in all of the information below.  Part 1: List All Secured Claims  2. List All Secured Claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As amount of claim Do not deduct the value of collateral that supports this claim of collateral that supports this claim.  2.1 Fifth Third Bank  Describe the property that secures the claim:  1007 E Kevin Cir Unit 5 Palatine, IL 60074 Cook County  As of the date you file, the claim is: Check all that apply.  Contingent  Uniquidated Disputed  Nature of lien. Check all that apply.  As agreement you made (such as mortgage or secured car loan)  At least one of the debtors and another Check if this claim relates to a community debt  Opened 06/12 Last Active   | s needed, copy the Add     |                      |                                      |                            |                         |  |               |
| No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.  Yes. Fill in all of the information below.  Part 1: List All Secured Claims  2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.  Describe the property that secures the claim:  Creditor's Name  Describe the property that secures the claim:  Creditor's Name  Describe the property that secures the claim:  Sound deduct the value of collateral, that supports this claim  Sound deduct the value of collateral.  Sound deduct the | • •                        |                      |                                      |                            |                         |  |               |
| Part 1: List All Secured Claims  2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As for each claim. If more than one creditor has a particular claim, list the other creditor's name.  2.1 Fifth Third Bank  Creditor's Name  Describe the property that secures the claim:  1830 E Paris Ave Se Grand Rapids, MI 49546  Number, Street, City, State & Zip Code  Who owes the debt? Check one.  Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt  Opened 06/12 Last Active   |                            |                      |                                      |                            |                         |  |               |
| Part 1: List All Secured Claims  2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As for the date you file, the claim is: Check all that apply.    As of the date you file, the claim is: Check all that apply.   An agreement you made (such as mortgage or secured car loan)   Debtor 1 and Debtor 2 only   Debtor 1 and Debtors and another   Check if this claim relates to a community debt    Column A  | ☐ No. Check this           | box and submit t     | his form to the court with yo        | ur other schedules. Yo     | ou have nothing else to | o report on this form.                         |               |
| 2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As mount of claim Do not deduct the value of collateral.  2.1 Fifth Third Bank  Creditor's Name  Describe the property that secures the claim:  1007 E Kevin Cir Unit 5 Palatine, IL 60074 Cook County  As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed  Nature of ilen. Check all that apply.  Debtor 1 only Debtor 2 only Debtor 3 and Debtor 2 only At least one of the debtors and another Copened 06/12 Last Active  | Yes. Fill in all o         | of the information   | below.                               |                            |                         |  |               |
| 2. List all secured claims. If a creditor has more than one secured claim, list the creditors separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.  2.1 Fifth Third Bank  Creditor's Name  Describe the property that secures the claim:  1007 E Kevin Cir Unit 5 Palatine, IL 60074 Cook County  As of the date you file, the claim is: Check all that apply.  Contingent Unsecured portion if any \$120,000.00 \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00   | Part 1: List All Sec       | cured Claims         |                                      |                            |                         |  |               |
| for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As amount of claim Do not deduct the value of collateral that supports this claim by value of collateral that supports this claim.  2.1 Fifth Third Bank  Describe the property that secures the claim:  1007 E Kevin Cir Unit 5 Palattine, IL 60074 Cook County  As of the date you file, the claim is: Check all that apply. Contingent Uniquidated Disputed  Nature of lien. Check all that apply.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt  Opened 06/12 Last Active   | 2. List all secured claim  | s. If a creditor has | more than one secured claim, li      | st the creditor separately | Column A                | Column B                                       | Column C      |
| Value of collateral.   Claim   If any  | for each claim. If more th | nan one creditor has | s a particular claim, list the other | r creditors in Part 2. As  |                         |  |               |
| Describe the property that secures the claim:  Creditor's Name  Describe the property that secures the claim:  1007 E Kevin Cir Unit 5 Palatine, IL 60074 Cook County  As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed  Nature of lien. Check all that apply. Debtor 1 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt  Opened 06/12 Last Active   | much as possible, list the | claims in alphabet   | ical order according to the credi    | tor's name.                |                         |  |               |
| As of the date you file, the claim is: Check all that apply.    Contingent   Unliquidated   Disputed   | 2.1 Fifth Third Ban        | k                    | Describe the property that s         | secures the claim:         |                         |  | \$0.00        |
| As of the date you file, the claim is: Check all that apply.    Contingent   Unliquidated   Disputed   | Creditor's Name            |                      | 1007 E Kevin Cir Unit 5              | Palatine, IL               |                         |  |               |
| Grand Rapids, MI 49546   Number, Street, City, State & Zip Code   Unliquidated   Disputed  |                            |                      | 60074 Cook County                    |                            |                         |  |               |
| Grand Rapids, MI 49546  Number, Street, City, State & Zip Code  Who owes the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt  Opened 06/12 Last Active  | 4000 F.D. : A              |                      | As of the date you file, the o       | claim is: Check all that   |                         |  |               |
| Number, Street, City, State & Zip Code  Who owes the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt  Opened 06/12 Last Active  |                            |                      | apply.                               |                            |                         |  |               |
| Who owes the debt? Check one.  Disputed Nature of lien. Check all that apply.  An agreement you made (such as mortgage or secured car loan)  Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt  Opened 06/12 Last Active  |                            |                      | _ ~                                  |                            |                         |  |               |
| Who owes the debt? Check one.    Debtor 1 only   | Number, Street, City, S    | State & Zip Code     | <u> </u>                             |                            |                         |  |               |
| □ Debtor 1 only □ An agreement you made (such as mortgage or secured car loan) □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ Statutory lien (such as tax lien, mechanic's lien) □ Judgment lien from a lawsuit □ Check if this claim relates to a community debt □ Other (including a right to offset) □  | Who owes the debt?         | Sheck one            |                                      | at annly                   |                         |  |               |
| Debtor 2 only  Debtor 1 and Debtor 2 only  At least one of the debtors and another Check if this claim relates to a community debt  Opened 06/12 Last Active   | _                          | SHOOK OHC.           | _                                    |                            | urod                    |  |               |
| □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim relates to a community debt  Opened 06/12 Last Active   |                            |                      | 9                                    | Such as mongage of sect    | uieu                    |  |               |
| □ At least one of the debtors and another □ Check if this claim relates to a community debt  Opened 06/12 Last Active  | •                          |                      | Панти и и                            |                            |                         |  |               |
| Check if this claim relates to a community debt  Opened 06/12 Last Active  | _                          |                      | _ ′ `                                |                            |                         |  |               |
| Opened 06/12 Last Active   |                            |                      |                                      |                            |                         |  |               |
| 06/12 Last<br>Active   |                            | elates to a          | ☐ Other (including a right to        | offset)                    |                         |  |               |
| 06/12 Last<br>Active   |                            | Opened               |                                      |                            |                         |  |               |
| Active   |                            | •                    |                                      |                            |                         |  |               |
| ***  |                            |                      |                                      |                            |                         |  |               |
|  | Date debt was incurred     |                      | Last 4 digits of acco                | unt number 6369            |                         |  |               |
|  |                            |                      |                                      |                            |                         |  |               |
|  | Add the dollar value of    | of your entries in ( | Column A on this nage Write t        | hat number here.           | \$101.01                | 1.00   |               |

If this is the last page of your form, add the dollar value totals from all pages. Write that number here:

\$101,011.00

#### Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

| Fill in this in  | formation to identify your  | case:   |   |   |   |   |  |
|--|---|---|---|---|---|---|--|
| Debtor 1   | Rachel C Bruske   |   |   |   |   |   |  |
| D. I   | First Name  | Middle  | e Name Last Nar   | ne  |   |   |  |
| Debtor 2<br>(Spouse if, filing)  | First Name  | Middle  | e Name Last Nar   | ne  |   |   |  |
| United States  | Bankruptcy Court for the:   | NORTHE  | RN DISTRICT OF ILLINOIS   |   |   |   |  |
| O  |   | -   |   |   |   |   |  |
| Case number  |   |   | <u> </u>  |   |   | _   | if this is an<br>ed filing                           |
| Official Fo  | orm 106E/F  |   |   |   |   |   |  |
| Schedule   | E/F: Creditors W  | /ho Hav   | e Unsecured Clain   | าร  |   |   | 12/15  |
| any executory of Schedule G: Ex<br>Schedule D: Cr<br>eft. Attach the name and case | contracts or unexpired leases<br>recutory Contracts and Unexp<br>reditors Who Have Claims Sec | that could re<br>pired Leases<br>ured by Prop<br>ge. If you hav | creditors with PRIORITY claims<br>esult in a claim. Also list execut<br>(Official Form 106G). Do not inc<br>perty. If more space is needed, or<br>e no information to report in a F | ory contract<br>lude any cre<br>opy the Par | ets on Schedule A/B: F<br>editors with partially s<br>rt you need, fill it out, i | roperty (Official Form<br>ecured claims that a<br>number the entries ir | n 106A/B) and on<br>re listed in<br>the boxes on the |
|  | editors have priority unsecure  | d claims aga  | inst you?   |   |   |   |  |
| □ No. Go   | to Part 2.  |   |   |   |   |   |  |
| Yes.   |   | . 16  |   |   |   |   |  |
| identify wh<br>possible, li  | at type of claim it is. If a claim ha<br>st the claims in alphabetical orde                   | as both priorit<br>er according t                               | has more than one priority unsec<br>y and nonpriority amounts, list that<br>o the creditor's name. If you have<br>, list the other creditors in Part 3.                             | claim here                                  | and show both priority a  | nd nonpriority amount   | s. As much as  |
| (For an exp  | planation of each type of claim, s  | see the instru  | ctions for this form in the instruction   | n booklet.)                                 | Total claim   | Priority  | Nonpriority  |
| 2.1 Ilinoi   | a Dant of Bayanya   |   | Look 4 digito of account number   | - 5115                                      | 00.00   | amount  | amount   |
|  | s Dept. of Revenue<br>y Creditor's Name   |   | Last 4 digits of account numbe  | r <u>5445</u>                               | \$0.00  | \$0.00  | \$0.00   |
|  | W. Randolph st<br>ago, IL 60601   |   | When was the debt incurred?   | 2015  |   |   |  |
|  | er Street City State Zlp Code   |   | As of the date you file, the clair  | n is: Check                                 | all that apply  |   |  |
| Who inc  | urred the debt? Check one.  |   | ☐ Contingent  |   |   |   |  |
| ■ Debto  | r 1 only  |   | ☐ Unliquidated  |   |   |   |  |
| ☐ Debto  | or 2 only   |   | ☐ Disputed  |   |   |   |  |
| ☐ Debto  | or 1 and Debtor 2 only  |   | Type of PRIORITY unsecured of   | laim:                                       |   |   |  |
| ☐ At lea   | st one of the debtors and anothe  | er  | $\square$ Domestic support obligations  |   |   |   |  |
| ☐ Chec   | k if this claim is for a commu  | nity debt   | Taxes and certain other debts   | you owe the                                 | e government  |   |  |
|  | nim subject to offset?  |   | ☐ Claims for death or personal i  | njury while y                               | ou were intoxicated   |   |  |
| ■ No   |   |   | Other. Specify  |   |   |   |  |
| ☐ Yes  |   |   | notice only   | /   |   |   |  |
|  | nal Revenue Service   |   | Last 4 digits of account number   | r <u>5445</u>                               | \$3,000.00  | \$3,000.00  | \$0.00   |
|  | Box 7346  |   | When was the debt incurred?   | 2014  |   |   |  |
| Phila<br>Numb  | adelphia, PA 19101-7346<br>er Street City State Zlp Code                                      |   | As of the date you file, the clair  | n is: Check                                 | all that apply  |   |  |
|  | urred the debt? Check one.  |   | ☐ Contingent  | io. oncor                                   | ан тат арргу  |   |  |
| ■ Debto  | or 1 only   |   | ☐ Unliquidated  |   |   |   |  |
| ☐ Debto  | -   |   | ☐ Disputed  |   |   |   |  |
| _  | or 1 and Debtor 2 only  |   | Type of PRIORITY unsecured c  | laim:                                       |   |   |  |
|  | st one of the debtors and anothe  | or.   | ☐ Domestic support obligations  |   |   |   |  |
| _  |   |   | ■ Taxes and certain other debts   | VOLLOWS #-                                  | a government  |   |  |
|  | k if this claim is for a commur<br>nim subject to offset?                                     | nity debt   | ☐ Claims for death or personal i  | -   | -   |   |  |
| ■ No   | 2.2.,   |   | Other. Specify  | ,y  |   |   |  |
| □ Yes  |   |   | tax debt  |   |   |   |  |

Debtor 1 Rachel C Bruske

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| Pa  | rt 2: List All of Your NONPRIORITY Unsecur   | red Claims  |   |  |  |  |
|-----|--|---|---|--|--|--|
| 3.  | Do any creditors have nonpriority unsecured claims   | s against you?  |   |  |  |  |
|     | ☐ No. You have nothing to report in this part. Submit the  | his form to the court with your other scho  | edules.   |  |  |  |
|     | Yes.   |   |   |  |  |  |
| 4.  | List all of your nonpriority unsecured claims in the unsecured claim, list the creditor separately for each claim one creditor holds a particular claim, list the other of Part 2. | aim. For each claim listed, identify what   | type of claim it is. Do not list claims already i | included in Part 1. If more the Continuation Page of |  |  |
|     |  |   |   | Total claim  |  |  |
| 4.1 | At&T Universal Citi Card  Nonpriority Creditor's Name  | Last 4 digits of account number   | 2265  | \$0.00   |  |  |
|     | Po Box 6500 Sioux Falls, SD 57117 Number Street City State Zlp Code  | When was the debt incurred?  As of the date you file, the claim   | Opened 03/00 Last Active 10/09/07                 | _  |  |  |
|     | Who incurred the debt? Check one.  | As of the date you file, the claim  | is. Oneck all that apply                          |  |  |  |
|     | ■ Debtor 1 only  | ☐ Contingent  |   |  |  |  |
|     | Debtor 2 only  | ☐ Unliquidated  |   |  |  |  |
|     | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed  |   |  |  |  |
|     | ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecure  |   |  |  |  |
|     | ☐ Check if this claim is for a community   | Student loans   |   |  |  |  |
|     | debt<br>Is the claim subject to offset?  | Obligations arising out of a separe report as priority claims   | aration agreement or divorce that you did no      | t  |  |  |
|     | ■ No   | Debts to pension or profit-sharing  | ng plans, and other similar debts                 |  |  |  |
|     | Yes  | Other. Specify Credit Card  |   | _  |  |  |
| 4.2 | Bank America Nonpriority Creditor's Name   | Last 4 digits of account number   | 9191  | \$0.00   |  |  |
|     | Po Box 5170<br>Correspondence CA6-919-02-41<br>Simi Valley, CA 93062   | When was the debt incurred?   | Opened 04/06 Last Active 12/15/08                 | _  |  |  |
|     | Number Street City State Zlp Code  Who incurred the debt? Check one.   | As of the date you file, the claim  | is: Check all that apply                          |  |  |  |
|     | ■ Debtor 1 only  | ☐ Contingent  |   |  |  |  |
|     | Debtor 2 only  | ☐ Unliquidated  |   |  |  |  |
|     | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed  |   |  |  |  |
|     | lacksquare At least one of the debtors and another   | Type of NONPRIORITY unsecure  | d claim:  |  |  |  |
|     | ☐ Check if this claim is for a community   | Student loans  Obligations origins out of a concretion agreement or diverse that you did not              |   |  |  |  |
|     | debt<br>Is the claim subject to offset?  | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |   |  |  |  |
|     | ■ No   | ☐ Debts to pension or profit-sharing plans, and other similar debts                                       |   |  |  |  |
|     | ☐ Yes  | ■ Other. Specify Real Estate  | Mortgage  |  |  |  |
|     |  |   |   | <u> </u>   |  |  |

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| Debto | r 1 Rachel C Bruske  |  | Case number (if know)                         |            |
|-------|--|--|---|------------|
| 4.3   | Bank Of America  | Last 4 digits of account number              | 0082  | \$0.00     |
|       | Nonpriority Creditor's Name Nc4-105-03-14 Po Box 26012                                     | When was the debt incurred?                  | Opened 04/03 Last Active 10/06/07             |            |
|       | Greensboro, NC 27410  Number Street City State Zlp Code  Who incurred the debt? Check one. | As of the date you file, the claim           | is: Check all that apply                      |            |
|       | Debtor 1 only  | ☐ Contingent                                 |   |            |
|       | ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only   | ☐ Unliquidated☐ Disputed                     |   |            |
|       | ☐ At least one of the debtors and another☐ Check if this claim is for a community          | Type of NONPRIORITY unsecured  Student loans | d claim:                                      |            |
|       | debt Is the claim subject to offset?   | report as priority claims                    | ration agreement or divorce that you did not  |            |
|       | No   | Debts to pension or profit-sharing           | g plans, and other similar debts              |            |
|       | Yes  | Other. Specify Credit Card                   |   |            |
| 4.4   | Barclays Bank Delaware Nonpriority Creditor's Name   | Last 4 digits of account number              | 7711  | \$1,286.00 |
|       | 100 S West St<br>Wilmington, DE 19801  | When was the debt incurred?                  | Opened 05/08 Last Active 12/03/13             |            |
|       | Number Street City State Zlp Code Who incurred the debt? Check one.                        | As of the date you file, the claim           | is: Check all that apply                      |            |
|       | Debtor 1 only  | ☐ Contingent                                 |   |            |
|       | Debtor 2 only  | ☐ Unliquidated                               |   |            |
|       | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed                                   |   |            |
|       | $\square$ At least one of the debtors and another  | Type of NONPRIORITY unsecure                 | d claim:                                      |            |
|       | Check if this claim is for a community   | Student loans                                |   |            |
|       | debt Is the claim subject to offset?   | report as priority claims                    | ration agreement or divorce that you did not  |            |
|       | No   | Debts to pension or profit-sharing           | g plans, and other similar debts              |            |
|       | Yes  | Other. Specify Credit Card                   |   |            |
| 4.5   | Calvary Portfolio Services Nonpriority Creditor's Name                                     | Last 4 digits of account number              | 1559  | \$1,245.00 |
|       | 500 Summit Lake Ste 400<br>Valhalla, NY 10595  | When was the debt incurred?                  | Opened 03/16                                  |            |
|       | Number Street City State Zlp Code Who incurred the debt? Check one.                        | As of the date you file, the claim           |   |            |
|       | ■ Debtor 1 only  | ☐ Contingent                                 |   |            |
|       | Debtor 2 only  | ☐ Unliquidated                               |   |            |
|       | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed                                   |   |            |
|       | $\square$ At least one of the debtors and another  | Type of NONPRIORITY unsecured                | d claim:                                      |            |
|       | ☐ Check if this claim is for a community   | Student loans                                |   |            |
|       | debt Is the claim subject to offset?   | report as priority claims                    | aration agreement or divorce that you did not |            |
|       | No   | Debts to pension or profit-sharing           |   |            |
|       | Yes  | Other. Specify Collection A                  | ttorney Citibank                              |            |

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Debtor 1 Rachel C Bruske Case number (if know) 4.6 \$0.00 Chase Auto Finance Last 4 digits of account number 5808 Nonpriority Creditor's Name National Bankruptcy Dept Opened 01/08 Last Active 201 N Central Ave Ms Az1-1191 When was the debt incurred? 2/02/09 Phoenix, AZ 85004 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Automobile Other, Specify 4.7 Chase Card Last 4 digits of account number 0947 \$5,754.00 Nonpriority Creditor's Name Attn: Correspondence Opened 01/12 Last Active Po Box 15298 When was the debt incurred? 10/17/13 Wilmington, DE 19850 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Credit Card Other. Specify 4.8 Chase Card Last 4 digits of account number 9829 \$5,700.00 Nonpriority Creditor's Name Attn: Correspondence Opened 12/12 Last Active Po Box 15298 When was the debt incurred? 10/04/13 Wilmington, DE 19850 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims  $\square$  Debts to pension or profit-sharing plans, and other similar debts ■ No Other. Specify Credit Card ☐ Yes

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Debtor 1 Rachel C Bruske Case number (if know) 4.9 \$3,016.00 Chase Card Last 4 digits of account number 6333 Nonpriority Creditor's Name Attn: Correspondence Opened 12/06 Last Active Po Box 15298 When was the debt incurred? 1/19/14 Wilmington, DE 19850 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Credit Card ☐ Yes 4 1 6796 Unknown Last 4 digits of account number 0 Nonpriority Creditor's Name Opened 05/11 Last Active Pob 6241 When was the debt incurred? 11/20/13 Sioux Falls, SD 57117 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Credit Card ☐ Yes 4.1 9169 \$0.00 Last 4 digits of account number Nonpriority Creditor's Name Opened 03/98 Last Active Pob 6241 10/09/07 When was the debt incurred? Sioux Falls, SD 57117 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\hfill\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims  $\hfill\square$  Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Credit Card ☐ Yes

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Case number (if know)

| Debtor | 1 Rachel C Bruske  |  | Case number (if know)  |         |
|--------|--|--|--|---------|
| 4.1    | Oitib and / Octor  |  | 0470   | Φ0.00   |
| 2      | Citibank / Sears   | Last 4 digits of account number                            | <u>8179</u>  | \$0.00  |
|        | Nonpriority Creditor's Name Citicorp Cr Srvs/Centralized |  | Opened 04/97 Last Active   |         |
|        | Bankruptcy   | When was the debt incurred?                                | 9/12/98  |         |
|        | Po Box 790040  |  |  |         |
|        | S Louis, MO 63129  | _  |  |         |
|        | Number Street City State Zlp Code                        | As of the date you file, the claim                         | is: Check all that apply   |         |
|        | Who incurred the debt? Check one.                        | _  |  |         |
|        | ■ Debtor 1 only  | ☐ Contingent   |  |         |
|        | ☐ Debtor 2 only  | ☐ Unliquidated   |  |         |
|        | ☐ Debtor 1 and Debtor 2 only                             | ☐ Disputed   |  |         |
|        | ☐ At least one of the debtors and another                | Type of NONPRIORITY unsecured                              | d claim:   |         |
|        | ☐ Check if this claim is for a community                 | ☐ Student loans  |  |         |
|        | debt Is the claim subject to offset?                     | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not  |         |
|        | ■ No   | Debts to pension or profit-sharing                         | ng plans, and other similar debts  |         |
|        | ☐ Yes  | ■ Other. Specify Charge Acc                                | ount   |         |
|        | 1 163  | Other. Specify Ondings 7100                                | - Contraction of the Contraction |         |
| 4.1    | Citimortagas   |  | 5012   | 00.00   |
| 3      | Citimortgage  Nonpriority Creditor's Name                | Last 4 digits of account number                            | 5012   | \$0.00  |
|        | Nonpholity Creditor's Name                               |  | Opened 4/14/06 Last Active   |         |
|        | Po Box 6243  | When was the debt incurred?                                | 6/15/07  |         |
|        | Sioux Falls, SD 57117                                    |  |  |         |
|        | Number Street City State Zlp Code                        | As of the date you file, the claim i                       | is: Check all that apply   |         |
|        | Who incurred the debt? Check one.                        | _  |  |         |
|        | Debtor 1 only  | ☐ Contingent   |  |         |
|        | ☐ Debtor 2 only  | ☐ Unliquidated   |  |         |
|        | ☐ Debtor 1 and Debtor 2 only                             | ☐ Disputed   |  |         |
|        | ☐ At least one of the debtors and another                | Type of NONPRIORITY unsecured                              | d claim:   |         |
|        | ☐ Check if this claim is for a community                 | ☐ Student loans  |  |         |
|        | debt   | Obligations arising out of a sepa                          |  |         |
|        | Is the claim subject to offset?                          | report as priority claims                                  |  |         |
|        | No   | Debts to pension or profit-sharing                         |  |         |
|        | Yes  | Other. Specify Real Estate                                 | Mortgage   |         |
|        |  |  |  |         |
| 4.1    | Comenity Bank/Lane Bryant                                | Last 4 digits of account number                            | 6090   | Unknown |
|        | Nonpriority Creditor's Name                              | _  |  |         |
|        | Po Box 182125  | When was the debt incurred?                                | Opened 02/94 Last Active 08/08   |         |
|        | Columbus, OH 43218  Number Street City State Zlp Code    | As of the date you file, the claim i                       | is: Chack all that apply   |         |
|        | Who incurred the debt? Check one.                        | As of the date you me, the claim                           | в. Спеск ан шасарру  |         |
|        | <u> </u>   |  |  |         |
|        | Debtor 1 only  | Contingent   |  |         |
|        | Debtor 2 only  | Unliquidated   |  |         |
|        | ☐ Debtor 1 and Debtor 2 only                             | ☐ Disputed   |  |         |
|        | $\square$ At least one of the debtors and another        | Type of NONPRIORITY unsecured                              | d claim:   |         |
|        | $\square$ Check if this claim is for a community         | Student loans  |  |         |
|        | debt   | Obligations arising out of a sepa                          |  |         |
|        | Is the claim subject to offset?                          | report as priority claims                                  |  |         |
|        | No   | Debts to pension or profit-sharing                         |  |         |
|        | ☐ Yes  | ■ Other. Specify Charge Acc                                | ount   |         |

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Case number (if know)

| DCDIC    | Nacilei C Biuske  |  | Case Harriber (II know)                       |         |
|----------|---|--|---|---------|
| 4.1<br>5 | Comenity Bank/Lane Bryant   | Last 4 digits of account number  | 3062  | \$0.00  |
|          | Nonpriority Creditor's Name Po Box 182125 Columbus, OH 43218  | When was the debt incurred?  | Opened 1/13/07 Last Active 10/24/07           |         |
|          | Number Street City State Zlp Code  Who incurred the debt? Check one.  | As of the date you file, the claim   | is: Check all that apply                      |         |
|          | ■ Debtor 1 only □ Debtor 2 only   | ☐ Contingent ☐ Unliquidated  |   |         |
|          | ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this claim is for a community | ☐ Disputed  Type of NONPRIORITY unsecured  ☐ Student loans                                       |   |         |
|          | debt Is the claim subject to offset?  ■ No  | ☐ Obligations arising out of a separeport as priority claims ☐ Debts to pension or profit-sharin | aration agreement or divorce that you did not |         |
|          | Yes   | Other. Specify Charge Acc  |   |         |
| 4.1<br>6 | Comenity Bank/Lane Bryant   | Last 4 digits of account number  | 0254  | Unknown |
|          | Nonpriority Creditor's Name Po Box 182125 Columbus, OH 43218  | When was the debt incurred?  | Opened 01/07 Last Active 1/04/10              |         |
|          | Number Street City State Zlp Code Who incurred the debt? Check one.   | As of the date you file, the claim   | is: Check all that apply                      |         |
|          | Debtor 1 only   | ☐ Contingent   |   |         |
|          | Debtor 2 only   | ☐ Unliquidated   |   |         |
|          | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed   |   |         |
|          | $\square$ At least one of the debtors and another   | Type of NONPRIORITY unsecured  | d claim:                                      |         |
|          | ☐ Check if this claim is for a community  | Student loans  |   |         |
|          | debt Is the claim subject to offset?  | report as priority claims  | aration agreement or divorce that you did not |         |
|          | No  | Debts to pension or profit-sharing   | g plans, and other similar debts              |         |
|          | Yes   | ■ Other. Specify Credit Card   |   |         |
| 4.1<br>7 | Hscb/gatwy  | Last 4 digits of account number  | 2564  | \$0.00  |
|          | Nonpriority Creditor's Name Hsbc Card Services/Attn: Bankruptcy Depa Po Box 5264                                | When was the debt incurred?  | Opened 11/06/05 Last Active 9/24/07           |         |
|          | Carol Stream, IL 60197 Number Street City State Zlp Code Who incurred the debt? Check one.                      | As of the date you file, the claim   |   |         |
|          | Debtor 1 only   | ☐ Contingent   |   |         |
|          | Debtor 2 only   | ☐ Unliquidated   |   |         |
|          | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed   |   |         |
|          | ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecure   | d claim:                                      |         |
|          | ☐ Check if this claim is for a community debt   | ☐ Student loans ☐ Obligations arising out of a sepa  | aration agreement or divorce that you did not |         |
|          | Is the claim subject to offset?   | report as priority claims  | <u> </u>                                      |         |
|          | ■ No  | Debts to pension or profit-sharing   | g plans, and other similar debts              |         |
|          | ☐ Yes   | ■ Other Specify Charge Acc   | ount  |         |

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Case number (if know)

| Debtor | 1 Rachel C Bruske   | ——————————————————————————————————————   | Case number (if know)                         |          |  |  |  |
|--------|---|--|---|----------|--|--|--|
| 4.1    | Jefferson Capital Systems, LLC  | Last 4 digits of account number  | 0003  | Unknown  |  |  |  |
|        | Nonpriority Creditor's Name 16 Mcleland Rd  | When was the debt incurred?  | Opened 12/14                                  |          |  |  |  |
|        | Saint Cloud, MN 56303  Number Street City State Zlp Code  Who incurred the debt? Check one. | As of the date you file, the claim   | is: Check all that apply                      |          |  |  |  |
|        | Debtor 1 only   | ☐ Contingent   |   |          |  |  |  |
|        | ☐ Debtor 2 only   | ☐ Unliquidated   |   |          |  |  |  |
|        | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed   |   |          |  |  |  |
|        | ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecure   | d claim:                                      |          |  |  |  |
|        | ☐ Check if this claim is for a community debt   | ☐ Student loans  |   |          |  |  |  |
|        | Is the claim subject to offset?   | report as priority claims  | aration agreement or divorce that you did not |          |  |  |  |
|        | ■ No  | Debts to pension or profit-sharing   | g plans, and other similar debts              |          |  |  |  |
|        | □Yes  | ■ Other. Specify Factoring C   | ompany Account Woman Within                   |          |  |  |  |
| 4.1    | Jefferson Capital Systems, LLC  | Last 4 digits of account number  | 5003  | Unknown  |  |  |  |
|        | Nonpriority Creditor's Name  16 Mcleland Rd   | When was the debt incurred?  | Opened 12/14                                  |          |  |  |  |
|        | Saint Cloud, MN 56303  Number Street City State Zlp Code                                    | As of the date you file, the claim   |   |          |  |  |  |
|        | Who incurred the debt? Check one.   | •  | ,   |          |  |  |  |
|        | ■ Debtor 1 only   | ☐ Contingent   |   |          |  |  |  |
|        | ☐ Debtor 2 only   | ☐ Unliquidated   |   |          |  |  |  |
|        | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed   |   |          |  |  |  |
|        | ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecured claim:  ☐ Student loans  |   |          |  |  |  |
|        | ☐ Check if this claim is for a community debt   |  |   |          |  |  |  |
|        | Is the claim subject to offset?   | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  |   |          |  |  |  |
|        | ■ No  | Debts to pension or profit-sharing   |   |          |  |  |  |
|        | Yes   | Other. Specify Factoring C   | ompany Account Catherines                     |          |  |  |  |
| 4.2    | Jefferson Capital Systems, LLC  | Last 4 digits of account number  | 1003  | \$796.00 |  |  |  |
| 0      | Nonpriority Creditor's Name 16 Mcleland Rd  | When was the debt incurred?  | Opened 12/14                                  | Ψ700.00  |  |  |  |
|        | Saint Cloud, MN 56303   | When was the dest mountain   | Opened 12/14                                  |          |  |  |  |
|        | Number Street City State Zlp Code   | As of the date you file, the claim   | is: Check all that apply                      |          |  |  |  |
|        | Who incurred the debt? Check one.   | _  |   |          |  |  |  |
|        | Debtor 1 only   | ☐ Contingent   |   |          |  |  |  |
|        | Debtor 2 only   | ☐ Unliquidated   |   |          |  |  |  |
|        | ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another                      | ☐ Disputed  Type of NONPRIORITY unsecure   | d claim:                                      |          |  |  |  |
|        | ☐ Check if this claim is for a community  | ☐ Student loans  |   |          |  |  |  |
|        | debt Is the claim subject to offset?  | <ul> <li>☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims</li> <li>☐ Debts to pension or profit-sharing plans, and other similar debts</li> </ul> |   |          |  |  |  |
|        | ■ No  |  |   |          |  |  |  |
|        | □Yes  | ■ Other, Specify Factoring C   | ompany Account Avenue                         |          |  |  |  |

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Case number (if know)

| Debtor | Rachel C Bruske                               |  | Case number (if know)  |                |  |  |  |
|--------|---|--|--|----------------|--|--|--|
| 4.2    | lattara an Ocalital Ocatara a LLO             |  | 2440   | <b>#470.00</b> |  |  |  |
|        | Jefferson Capital Systems, LLC                | Last 4 digits of account number        |  | \$178.00       |  |  |  |
|        | Nonpriority Creditor's Name 16 Mcleland Rd    | When was the debt incurred?            | Opened 12/14   |                |  |  |  |
|        | Saint Cloud, MN 56303                         |  | <u> </u>   |                |  |  |  |
|        | Number Street City State Zlp Code             | As of the date you file, the claim     | is: Check all that apply   |                |  |  |  |
|        | Who incurred the debt? Check one.             |  |  |                |  |  |  |
|        | ■ Debtor 1 only                               | ☐ Contingent                           |  |                |  |  |  |
|        | Debtor 2 only                                 | ☐ Unliquidated                         |  |                |  |  |  |
|        | ☐ Debtor 1 and Debtor 2 only                  | □ Disputed                             |  |                |  |  |  |
|        | ☐ At least one of the debtors and another     | Type of NONPRIORITY unsecured          | d claim:   |                |  |  |  |
|        | ☐ Check if this claim is for a community      | ☐ Student loans                        |  |                |  |  |  |
|        | debt  | Obligations arising out of a sepa      | aration agreement or divorce that you did not  |                |  |  |  |
|        | Is the claim subject to offset?               | report as priority claims              | and the second of the second o |                |  |  |  |
|        | ■ No  | Debts to pension or profit-sharing     | ng plans, and other similar debts  |                |  |  |  |
|        | Yes   | ■ Other. Specify Factoring C Retail    | ompany Account Lane Bryant   |                |  |  |  |
| 4.2    | Kohls/Capital One                             | Last 4 digits of account number        | 7817   | \$955.00       |  |  |  |
|        | Nonpriority Creditor's Name                   | _                                      |  |                |  |  |  |
|        | Kohls Credit                                  | \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ | Opened 01/10 Last Active   |                |  |  |  |
|        | Po Box 3043<br>Milwaukee, WI 53201            | When was the debt incurred?            | 11/29/13   |                |  |  |  |
|        | Number Street City State Zlp Code             | As of the date you file, the claim i   | is: Check all that apply   |                |  |  |  |
|        | Who incurred the debt? Check one.             | • ,                                    | ,  |                |  |  |  |
|        | ■ Debtor 1 only                               | ☐ Contingent                           |  |                |  |  |  |
|        | ☐ Debtor 2 only                               | ☐ Unliquidated                         |  |                |  |  |  |
|        | Debtor 1 and Debtor 2 only                    | ☐ Disputed                             |  |                |  |  |  |
|        | ☐ At least one of the debtors and another     | •                                      | Type of NONPRIORITY unsecured claim:   |                |  |  |  |
|        |   | ☐ Student loans                        |  |                |  |  |  |
|        | ☐ Check if this claim is for a community debt | ☐ Obligations arising out of a sepa    |  |                |  |  |  |
|        | Is the claim subject to offset?               | report as priority claims              | fiation agreement of divorce that you did not  |                |  |  |  |
|        | ■ No  | Debts to pension or profit-sharin      |  |                |  |  |  |
|        | □ Yes   | ■ ou o v Charge Acc                    |  |                |  |  |  |
|        | Li Tes  | Other. Specify Charge Account          |  |                |  |  |  |
| 4.2    |   |  | 4700   |                |  |  |  |
| 3      | Lasalle Bk                                    | Last 4 digits of account number        | 4768   | \$0.00         |  |  |  |
|        | Nonpriority Creditor's Name                   |  | Opened 4/14/06 Last Active   |                |  |  |  |
|        | 1350 East Touhy                               | When was the debt incurred?            | 7/14/08  |                |  |  |  |
|        | Des Plaines, IL 60018                         | _                                      |  |                |  |  |  |
|        | Number Street City State Zlp Code             | As of the date you file, the claim     | is: Check all that apply   |                |  |  |  |
|        | Who incurred the debt? Check one.             |  |  |                |  |  |  |
|        | ■ Debtor 1 only                               | ☐ Contingent                           |  |                |  |  |  |
|        | Debtor 2 only                                 | ☐ Unliquidated                         |  |                |  |  |  |
|        | ☐ Debtor 1 and Debtor 2 only                  | ☐ Disputed                             |  |                |  |  |  |
|        | ☐ At least one of the debtors and another     | Type of NONPRIORITY unsecured          | d claim:   |                |  |  |  |
|        | ☐ Check if this claim is for a community      | ☐ Student loans                        |  |                |  |  |  |
|        | debt  | Obligations arising out of a sepa      | aration agreement or divorce that you did not  |                |  |  |  |
|        | Is the claim subject to offset?               | report as priority claims              |  |                |  |  |  |
|        | ■ No  | Debts to pension or profit-sharing     | g plans, and other similar debts   |                |  |  |  |
|        | ☐ Yes   | ■ Other. Specify Real Estate Mortgage  |  |                |  |  |  |

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Case number (if know)

| Debto | Rachel C Bruske                                      |  | Case number (if know)                         |        |
|-------|--|--|---|--------|
| 4.2   | Onyon Loop Sontiaina                                 |  | 1569  | ¢0.00  |
| 4     | Ocwen Loan Servicing  Nonpriority Creditor's Name    | Last 4 digits of account number                            | 1568  | \$0.00 |
|       | Attn: Research Dept                                  |  | Opened 03/09 Last Active                      |        |
|       | 1661 Worthington R Ste 100                           | When was the debt incurred?                                | 6/04/12                                       |        |
|       | West Palm Beach, FL 33409                            | _  |   |        |
|       | Number Street City State ZIp Code                    | As of the date you file, the claim                         | is: Check all that apply                      |        |
|       | Who incurred the debt? Check one.                    | _  |   |        |
|       | ■ Debtor 1 only                                      | ☐ Contingent   |   |        |
|       | Debtor 2 only  | ☐ Unliquidated   |   |        |
|       | ☐ Debtor 1 and Debtor 2 only                         | ☐ Disputed   |   |        |
|       | ☐ At least one of the debtors and another            | Type of NONPRIORITY unsecure                               | d claim:                                      |        |
|       | ☐ Check if this claim is for a community             | ☐ Student loans  |   |        |
|       | debt Is the claim subject to offset?                 | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not |        |
|       | ■ No   | ☐ Debts to pension or profit-sharin                        | ng plans, and other similar debts             |        |
|       | Yes  | ■ Other Specify Real Estate                                |   |        |
| 4.2   |  |  |   |        |
| 5     | SYNCB/BRMart   | Last 4 digits of account number                            | 3298  | \$0.00 |
|       | Nonpriority Creditor's Name                          |  | Opened 5/25/09 Last Active                    |        |
|       | Attn: Bankruptcy Po Box 965064                       | When was the debt incurred?                                | 1/01/10                                       |        |
|       | Orlando, FL 32896                                    |  | 1/01/10                                       |        |
|       | Number Street City State Zlp Code                    | As of the date you file, the claim                         | is: Check all that apply                      |        |
|       | Who incurred the debt? Check one.                    |  |   |        |
|       | ■ Debtor 1 only                                      | ☐ Contingent   |   |        |
|       | ☐ Debtor 2 only                                      | ☐ Unliquidated   |   |        |
|       | ☐ Debtor 1 and Debtor 2 only                         | ☐ Disputed   |   |        |
|       | ☐ At least one of the debtors and another            | Type of NONPRIORITY unsecured                              | d claim:                                      |        |
|       | ☐ Check if this claim is for a community             | ☐ Student loans  |   |        |
|       | debt   | ☐ Obligations arising out of a sepa                        | aration agreement or divorce that you did not |        |
|       | Is the claim subject to offset?                      | report as priority claims                                  |   |        |
|       | ■ No   | Debts to pension or profit-sharing                         | g plans, and other similar debts              |        |
|       | Yes  | Other. Specify Charge Acc                                  | ount  |        |
| 4.2   | Synchrony Bank Credit Card                           | Local Policy of Control of Control                         | 1311  | \$0.00 |
| 6     | Nonpriority Creditor's Name                          | Last 4 digits of account number                            |   | ψ0.00  |
|       |  |  | Opened 4/11/07 Last Active                    |        |
|       | Po Box 965064  | When was the debt incurred?                                | 12/23/08                                      |        |
|       | Orlando, FL 32896  Number Street City State Zlp Code | As of the date you file, the claim                         | is: Check all that apply                      |        |
|       | Who incurred the debt? Check one.                    | As of the date you me, the claim                           | в. Спеск ан тат арргу                         |        |
|       | Debtor 1 only  |  |   |        |
|       | _  | Contingent   |   |        |
|       | Debtor 2 only  | ☐ Unliquidated   |   |        |
|       | Debtor 1 and Debtor 2 only                           | ☐ Disputed   | Lateta  |        |
|       | ☐ At least one of the debtors and another            | Type of NONPRIORITY unsecure                               | a ciaim:                                      |        |
|       | ☐ Check if this claim is for a community             | Student loans  |   |        |
|       | debt Is the claim subject to offset?                 | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not |        |
|       |  |  | a plane, and other similar debts              |        |
|       | ■ No   | ☐ Debts to pension or profit-sharin                        |   |        |
|       | ☐ Yes  | Other. Specify Charge Acc                                  | ount  |        |

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Case number (if know)

| Debtor             | 1 Rachel C                           | Bruske                               |   | Case number        | er (if know)                    |                           |
|--------------------|--------------------------------------|--------------------------------------|---|--------------------|---------------------------------|---------------------------|
| 4.2                | Torget                               |                                      |   | 2402               |                                 | <b>20.00</b>              |
| 7                  | Target Nonpriority Cree              | ditor's Name                         | Last 4 digits of account number   | 3103               |                                 | \$0.00                    |
|                    |                                      | al & Retail Srvs                     |   | Opened 0           | 9/99 Last Active                |                           |
|                    |                                      | T POB 9475                           | When was the debt incurred?   | 10/09/07           |                                 | _                         |
|                    | Minneapolis                          | , MN 55440<br>City State Zlp Code    | As of the data you file the claim   | io. Chaole all the | at apply                        |                           |
|                    |                                      | the debt? Check one.                 | As of the date you file, the claim  | is. Check all the  | ат аррту                        |                           |
|                    | ■ Debtor 1 on                        |                                      | Пол   |                    |                                 |                           |
|                    | _                                    | •                                    | ☐ Contingent  |                    |                                 |                           |
|                    | Debtor 2 on                          | •                                    | ☐ Unliquidated  |                    |                                 |                           |
|                    | Debtor 1 and                         | •                                    | Disputed  | d alaba.           |                                 |                           |
|                    | ☐ At least one                       | of the debtors and another           | Type of NONPRIORITY unsecure  | a ciaim:           |                                 |                           |
|                    | ☐ Check if thi                       | is claim is for a community          | ☐ Student loans   |                    |                                 |                           |
|                    |                                      | bject to offset?                     | Obligations arising out of a separeport as priority claims  | aration agreeme    | ent or divorce that you did not |                           |
|                    | ■ No                                 |                                      | Debts to pension or profit-sharing  | on plans, and of   | her similar dehts               |                           |
|                    |                                      |                                      |   |                    | ner similar debis               |                           |
|                    | ☐ Yes                                |                                      | Other. Specify Credit Card  |                    |                                 | -                         |
| 4.2                | United Cons                          | sumer Financial Services             | Last 4 digits of account number   | 8468               |                                 | Unknown                   |
| 0 .                | Nonpriority Cred                     | ditor's Name                         | _aaa : a.ga o. accountaac.  | -                  |                                 |                           |
|                    | 865 Bassett                          | Rd                                   |   | •                  | 6/12 Last Active                |                           |
|                    | Westlake, O                          |                                      | When was the debt incurred?   | 5/05/14            |                                 | _                         |
|                    | Number Street                        | City State Zlp Code                  | As of the date you file, the claim  |                    |                                 |                           |
|                    | Who incurred                         | the debt? Check one.                 |   |                    |                                 |                           |
|                    | Debtor 1 on                          | ly                                   | ☐ Contingent  |                    |                                 |                           |
|                    | Debtor 2 on                          | ly                                   | ☐ Unliquidated  |                    |                                 |                           |
|                    | Debtor 1 and                         | d Debtor 2 only                      | Disputed  |                    |                                 |                           |
|                    | _                                    | of the debtors and another           | Type of NONPRIORITY unsecured   | d claim:           |                                 |                           |
|                    |                                      | is claim is for a community          | ☐ Student loans   |                    |                                 |                           |
|                    | debt                                 | ·                                    | ☐ Obligations arising out of a sepa   | aration agreeme    | ent or divorce that you did not |                           |
|                    | Is the claim su                      | bject to offset?                     | report as priority claims   |                    |                                 |                           |
|                    | ■ No                                 |                                      | Debts to pension or profit-sharing  | ig plans, and ot   | her similar debts               |                           |
|                    | ☐ Yes                                |                                      | ■ Other. Specify Installment  | Sales Contra       | act                             |                           |
|                    |                                      |                                      | · · ·   |                    |                                 | -                         |
| Part 3:            | List Others                          | s to Be Notified About a Debt        | That You Already Listed   |                    |                                 |                           |
| is tryii<br>have r | ng to collect fro<br>more than one o | m you for a debt you owe to some     | ut your bankruptcy, for a debt that yeone else, list the original creditor in<br>ou listed in Parts 1 or 2, list the addi<br>ubmit this page. | Parts 1 or 2, t    | hen list the collection agend   | y here. Similarly, if you |
| Part 4:            | Add the A                            | mounts for Each Type of Unse         | ecured Claim  |                    |                                 |                           |
|                    |                                      | certain types of unsecured claims    | s. This information is for statistical r  | eporting purpo     | oses only. 28 U.S.C. §159. Ad   | ld the amounts for each   |
|                    |                                      |                                      |   |                    | Total Claim                     |                           |
|                    | 6a.                                  | Domestic support obligations         |   | 6a. \$             | 0.00                            |                           |
|                    | Total                                |                                      |   | · -                | ****                            | _                         |
| from P             | aims<br>art 1 6b.                    | Taxes and certain other debts ye     | ou owe the government   | 6b. \$             | 3,000.00                        | 1                         |
|                    | 6c.                                  | Claims for death or personal inj     | <del>-</del>  | 6c. \$             | 0.00                            | _                         |
|                    | 6d.                                  |                                      | ured claims. Write that amount here.  | 6d. \$             | 0.00                            | _                         |
|                    |                                      |                                      |   | _                  |                                 |                           |
|                    | 6e.                                  | Total Priority. Add lines 6a through | ıh 6d.  | 6e. \$             | 3,000.00                        | )                         |
|                    |                                      |                                      |   |                    | 3,000.00                        |                           |
|                    |                                      |                                      |   |                    | Total Claim                     |                           |
|                    | 6f.                                  | Student loans                        |   | 6f. \$             | 0.00                            | <u> </u>                  |
|                    | Total<br>aims                        |                                      |   |                    |                                 |                           |

from Part 2

6g. Obligations arising out of a separation agreement or divorce that

0.00

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Debtor 1 Rachel C Bruske

| 6h. | you did not report as priority claims<br>Debts to pension or profit-sharing plans, and other similar debts | 6h. | \$<br>0.00      |
|-----|--|-----|-----------------|
| 6i. | <b>Other.</b> Add all other nonpriority unsecured claims. Write that amount here.                          | 6i. | \$<br>18,930.00 |
| 6j. | Total Nonpriority. Add lines 6f through 6i.  | 6j. | \$<br>18,930.00 |

Official Form 106 E/F

| Fill in this information to identify your case:                       |
|---|
| Debtor 1 Rachel C Bruske  |
| First Name Middle Name Last Name                                      |
| Debtor 2  |
| (Spouse if, filing) First Name Middle Name Last Name                  |
| United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS |
| Case number   |
| (if known)  |

## Official Form 106G

## **Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

|     | Person or | company with | n whom you have the c | contract or lease | State what the contract or lease is for |
|-----|-----------|--------------|-----------------------|-------------------|---|
| 2.1 |           |              |                       |                   |   |
|     | Name      |              |                       |                   | _                                       |
|     | Number    | Street       |                       |                   | _                                       |
|     | City      |              | State                 | ZIP Code          | <del>_</del>                            |
| 2.2 |           |              |                       |                   |   |
|     | Name      |              |                       |                   | _                                       |
|     | Number    | Street       |                       |                   | _                                       |
|     | City      |              | State                 | ZIP Code          | _                                       |
| 2.3 |           |              |                       |                   |   |
|     | Name      |              |                       |                   | _                                       |
|     | Number    | Street       |                       |                   | _                                       |
|     | City      |              | State                 | ZIP Code          | _                                       |
| 2.4 |           |              |                       |                   |   |
|     | Name      |              |                       |                   | _                                       |
|     | Number    | Street       |                       |                   |   |
|     | City      |              | State                 | ZIP Code          |   |
| 2.5 |           |              |                       |                   |   |
|     | Name      |              |                       |                   |   |
|     | Number    | Street       |                       |                   | _                                       |
|     | City      |              | State                 | ZIP Code          | <del>_</del>                            |
|     | -,        |              |                       |                   |   |

|                                  |   | Docume  | ent Pade 32 (   | N 59   |   |
|----------------------------------|---|---|---|--|---|
| Fill in this i                   | nformation to identify your   |   |   |  |   |
| Debtor 1                         | Rachel C Bruske   |   |   |  |   |
|                                  | First Name  | Middle Name   | Last Name   |  |   |
| Debtor 2<br>(Spouse if, filing   | r) First Name   | Middle Name   | Last Name   |  |   |
|                                  |   | NORTHERN DISTRICT   |   |  |   |
| United State                     | es Bankruptcy Court for the:  | NORTHERN DISTRICT   | OF ILLINOIS   |  |   |
| Case numb                        | er  |   |   |  | Charlett this is an   |
| (ii kilowii)                     |   |   |   |  | Check if this is an amended filing  |
|                                  |   |   |   |  | S   |
| Official                         | Form 106H   |   |   |  |   |
| Sched                            | ule H: Your Cod   | ebtors  |   |  | 12/15   |
| 1. Do y  No Yes  2. With Arizona | ou have any codebtors? (If  in the last 8 years, have you, California, Idaho, Louisiana, Go to line 3. Did your spouse, former spor | you are filing a joint case,<br>I lived in a community pr<br>Nevada, New Mexico, Pu | do not list either spouse<br>operty state or territor<br>erto Rico, Texas, Wash | r <b>y?</b> (Community property                | y states and territories include  |
| in line :<br>Form 1<br>out Col   | 2 again as a codebtor only i  | f that person is a guaran   | tor or cosigner. Make   | sure you have listed the 166). Use Schedule D, | g with you. List the person shown ne creditor on Schedule D (Official Schedule E/F, or Schedule G to fill editor to whom you owe the debt |
|                                  | ame, Number, Street, City, State and Z  | IP Code   |   | Check all schedule                             |   |
| 3.1                              |   |   |   | ☐ Schedule D, line                             | е   |
| N                                | ame   |   |   | □ Schedule E/F, li                             | ine   |
|                                  |   |   |   | ☐ Schedule G, line                             | e   |
|                                  | umber Street  | Otata   | 710.0 - 1 -   | _  |   |
| C                                | ity   | State   | ZIP Code  |  |   |
| 3.2                              |   |   |   | ☐ Schedule D, line                             |   |
|                                  | ame   |   |   | Schedule E/F, li                               |   |
|                                  |   |   |   | ☐ Schedule G, line                             |   |
| N                                | umber Street  |   |   | _  |   |
|                                  | ity   | State   | ZIP Code  |  |   |

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|          |  |                            |                                   |            |      | _               |            |             |                                  |          |
|----------|--|----------------------------|-----------------------------------|------------|------|-----------------|------------|-------------|----------------------------------|----------|
|          | in this information to identify your control of the |                            |                                   |            |      |                 |            |             |                                  |          |
| Deb      | otor 1 Rachel C Bru  | ıske                       |                                   |            | _    |                 |            |             |                                  |          |
|          | otor 2   |                            |                                   |            | _    |                 |            |             |                                  |          |
| Uni      | ted States Bankruptcy Court for the  | : NORTHERN DISTRIC         | CT OF ILLINOIS                    |            |      |                 |            |             |                                  |          |
| Cas      | se number  |                            | _                                 |            |      | Check it        | f this is: |             |                                  |          |
| (If kr   | nown)  |                            |                                   |            |      |                 | amended    | •           |                                  |          |
| _        |  |                            |                                   |            |      |                 |            |             | g postpetition<br>ollowing date: | chapter  |
| <u>O</u> | fficial Form 106l  |                            |                                   |            |      | MM              | / DD/ Y    | YYY         |                                  |          |
| S        | chedule I: Your Inc  | ome                        |                                   |            |      |                 |            |             |                                  | 12/1     |
| atta     | use. If you are separated and you ch a separate sheet to this form.  t1: Describe Employment  Fill in your employment  |                            |                                   |            |      |                 |            |             |                                  |          |
| ١.       | information.   |                            | Debtor 1                          |            |      | D               | ebtor 2    | or non-fi   | ling spouse                      |          |
|          | If you have more than one job,   | Employment status          | ■ Employed                        | ■ Employed |      |                 |            | ☐ Employed  |                                  |          |
|          | attach a separate page with<br>information about additional<br>employers.  |                            | ☐ Not employed                    |            |      |                 | Not en     | nployed     |                                  |          |
|          | Include part-time, seasonal, or  | Occupation                 | Fleet Manager                     |            |      |                 |            |             |                                  |          |
|          | self-employed work.  | Employer's name            | Donlen Corp                       |            |      |                 |            |             |                                  |          |
|          | Occupation may include student or homemaker, if it applies.  | Employer's address         | 3000 Lakeside<br>Deerfield, IL 60 |            |      |                 |            |             |                                  |          |
|          |  | How long employed t        | here? 16 yea                      | ırs        |      |                 | _          |             |                                  |          |
| Par      | t 2: Give Details About Mor  | nthly Income               |                                   |            |      |                 |            |             |                                  |          |
|          | mate monthly income as of the duse unless you are separated.   | ate you file this form. If | you have nothing to               | report for | any  | line, write \$6 | 0 in the s | space. Ind  | clude your nor                   | n-filing |
|          | u or your non-filing spouse have mo<br>e space, attach a separate sheet to   |                            | ombine the informati              | on for all | empl | oyers for tha   | at persor  | n on the li | nes below. If y                  | you need |
|          |  |                            |                                   |            |      | For Debto       | or 1       |             | btor 2 or<br>ng spouse           |          |
| 2.       | List monthly gross wages, sala deductions). If not paid monthly,   |                            |                                   | 2.         | \$   | 6,15            | 59.83      | \$          | N/A                              |          |
| 3.       | Estimate and list monthly overt  | ime pay.                   |                                   | 3.         | +\$  |                 | 0.00       | +\$         | N/A                              |          |
| 4.       | Calculate gross Income. Add lin  | ne 2 + line 3.             |                                   | 4.         | \$   | 6,159.          | .83        | \$          | N/A                              |          |

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| Deb | tor 1   | Rachel C Bruske   | _        | Ca   | ase number (if kr | own) |      |                               |          |
|-----|---|---|----------|------|-------------------|------|------|-------------------------------|----------|
|     |   |   |          | F    | For Debtor 1      |      |      | Debtor 2 or<br>-filing spouse |          |
|     | Cop   | y line 4 here   | 4.       | 9    | 6,159             | .83  | \$   | N/A                           | •        |
| 5.  | List  | all payroll deductions:   |          |      |                   |      |      |                               |          |
| •   | 5a.   | Tax, Medicare, and Social Security deductions   | 5a.      | 9    | 1,690             | 00   | \$   | N/A                           |          |
|     | 5b.   | Mandatory contributions for retirement plans  | 5b.      |      | ,,,,,             | 0.00 | \$_  | N/A                           | -        |
|     | 5c.   | Voluntary contributions for retirement plans  | 5c.      |      |                   | 7.67 | \$   | N/A                           | •        |
|     | 5d.   | Required repayments of retirement fund loans  | 5d.      | 9    | . —               | 0.00 | \$_  | N/A                           |          |
|     | 5e.   | Insurance   | 5e.      | 9    | 210               | ).17 | \$   | N/A                           | -        |
|     | 5f.   | Domestic support obligations  | 5f.      | 9    | 6                 | 0.00 | \$   | N/A                           |          |
|     | 5g.   | Union dues  | 5g.      |      |                   | 0.00 | \$   | N/A                           |          |
|     | 5h.   | Other deductions. Specify:  | 5h       | + \$ | §                 | 0.00 | + \$ | N/A                           |          |
| 6.  | Add   | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.  | 6.       | \$   | 2,207             | '.84 | \$   | N/A                           |          |
| 7.  | Calc  | sulate total monthly take-home pay. Subtract line 6 from line 4.  | 7.       | \$   | 3,951             | .99  | \$   | N/A                           |          |
| 8.  | List<br>8a.   | all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total             |          |      |                   |      |      |                               |          |
|     |   | monthly net income.   | 8a.      |      |                   | 0.00 | \$_  | N/A                           |          |
|     | 8b.   | Interest and dividends  | 8b.      | 9    | §C                | 0.00 | \$   | N/A                           |          |
|     | 8c.   | Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  | 8c.      | 9    | §                 | 0.00 | \$   | N/A                           |          |
|     | 8d.   | Unemployment compensation   | 8d.      | 9    | 6                 | 0.00 | \$   | N/A                           |          |
|     | 8e.   | Social Security   | 8e.      | 9    | §                 | 0.00 | \$   | N/A                           |          |
|     | 8f.   | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify: | e<br>8f. | 9    | <b>5</b> 0        | 0.00 | \$   | N/A                           |          |
|     | 8g.   | Pension or retirement income  | 8g.      | 9    | 6                 | 0.00 | \$   | N/A                           |          |
|     | 8h.   | Other monthly income. Specify:  | 8h.      | + \$ | 6                 | 0.00 | + \$ | N/A                           |          |
| 9.  | Add   | all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.  | 9.       | \$   | C                 | 0.00 | \$_  | N/A                           | <u> </u> |
| 10. | Calc  | culate monthly income. Add line 7 + line 9.   | 10.      | ß    | 3,951.99          | + \$ |      | N/A = \$                      | 3,951.99 |
|     |   | the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.  |          | _    | 0,001.00          | -    |      |                               | 0,001.00 |
| 11. | 11. State all other regular contributions to the expenses that you list in <i>Schedule J</i> .  Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.  Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in <i>Schedule J</i> .  Specify: |   |          |      |                   |      |      |                               |          |
| 12. |   | the amount in the last column of line 10 to the amount in line 11. The reset that amount on the Summary of Schedules and Statistical Summary of Certaines   |          |      |                   |      |      | 12. \$                        | 3,951.99 |
| 10  | Da ··   | rou avnot an ingresse or decrease within the year after you file this forms   | 2        |      |                   |      |      | monthly                       | y income |
| 13. | D0 y ■  | vou expect an increase or decrease within the year after you file this form  No.  Yes. Explain:   | · ·      |      |                   |      |      |                               |          |

Official Form 106I Schedule I: Your Income page 2

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|         |                 |                                    |                    |  |                      | •             |                     |                           |
|---------|-----------------|------------------------------------|--------------------|--|----------------------|---------------|---------------------|---------------------------|
| FIII II | n this informat | tion to identify yo                | our case:          |  |                      |               |                     |                           |
| Debte   | or 1            | Rachel C Bru                       | ıske               |  |                      | Che           | eck if this is:     |                           |
| Debto   | or 2            |                                    |                    |  |                      |               | An amended filing   | wing postpetition chapter |
|         | use, if filing) |                                    |                    |  |                      | "             |                     | the following date:       |
| Linita  | d Ctataa Danku  | untary Court for the               | . NODTL            | JEDNI DISTRICT OF ILLIN  | OIS                  |               | MM / DD / YYYY      |                           |
| Unite   | d States Bankri | uptcy Court for the                | : NORTE            | IERN DISTRICT OF ILLIN   | <u> </u>             |               | ואוואו / טט / א א א |                           |
|         | number          |                                    |                    |  |                      |               |                     |                           |
| (If kn  | own)            |                                    |                    |  |                      |               |                     |                           |
|         |                 |                                    |                    |  |                      | 1             |                     |                           |
| Of      | ficial Fo       | rm 106J                            |                    |  |                      |               |                     |                           |
| Sc      | hedule          | J: Your                            | Exper              | ises   |                      |               |                     | 12/1                      |
| info    | rmation. If me  |                                    | eded, atta         | . If two married people and the control of the cont |                      |               |                     |                           |
| Part    |                 | ibe Your House                     | hold               |  |                      |               |                     |                           |
| 1.      | Is this a join  |                                    |                    |  |                      |               |                     |                           |
|         | No. Go to       |                                    | _                  |  |                      |               |                     |                           |
|         |                 |                                    | in a separ         | ate household?   |                      |               |                     |                           |
|         |                 |                                    | et file Offici     | al Form 106J-2, Expenses   | for Soporato House   | ohold of Dol  | htor 2              |                           |
|         | <b>□</b> 16     | es. Debiol 2 mus                   | st file Offici     | ai Fulli 1005-2, Expenses  | пог зерагате поизв   | eriola di Dei | 0101 2.             |                           |
| 2.      | Do you have     | dependents?                        | ■ No               |  |                      |               |                     |                           |
|         | Do not list De  | ebtor 1 and                        | ☐ Yes.             | Fill out this information for  | Dependent's relat    |               | Dependent's         | Does dependent            |
|         | Debtor 2.       |                                    |                    | each dependent   | Debtor 1 or Debto    | or 2          | age                 | live with you?            |
|         | Do not state    |                                    |                    |  |                      |               |                     | □ No                      |
|         | dependents r    | names.                             |                    |  |                      |               |                     | □ Yes<br>□ No             |
|         |                 |                                    |                    |  |                      |               |                     | □ No<br>□ Yes             |
|         |                 |                                    |                    |  | -                    |               |                     | □ No                      |
|         |                 |                                    |                    |  |                      |               |                     | ☐ Yes                     |
|         |                 |                                    |                    |  |                      |               |                     | □ No                      |
|         |                 |                                    |                    |  |                      |               |                     | ☐ Yes                     |
| 3.      |                 | enses include                      | han $\blacksquare$ | No   |                      |               |                     |                           |
|         |                 | people other t<br>your depende     |                    | Yes  |                      |               |                     |                           |
| D (     | <u>-</u>        |                                    |                    |  |                      |               |                     |                           |
| expe    | mate your ex    |                                    | our bankr          | y Expenses<br>uptcy filing date unless y<br>y is filed. If this is a supp  |                      |               |                     |                           |
| the v   |                 | assistance an                      |                    | government assistance i<br>cluded it on <i>Schedule I:</i> \   |                      |               | Your exp            | enses                     |
| , 5     | 51111 10        | ,                                  |                    |  |                      |               |                     |                           |
| 4.      |                 | r home owners<br>d any rent for th |                    | ses for your residence. I<br>or lot.   | nclude first mortgag | e<br>4.       | \$                  | 800.00                    |
|         | If not include  | ed in line 4:                      |                    |  |                      |               |                     |                           |
|         | 4a. Real e      | state taxes                        |                    |  |                      | 4a.           | \$                  | 0.00                      |
|         |                 | ty, homeowner's                    | s, or renter       | 's insurance   |                      | 4b.           | ·                   | 0.00                      |
|         | •               | •                                  | -                  | ıpkeep expenses  |                      | 4c.           | \$                  | 50.00                     |
|         |                 | owner's associat                   |                    |  |                      | 4d.           | ·                   | 0.00                      |
| 5.      | Additional n    | nortgage payme                     | ents for yo        | our residence, such as ho  | me equity loans      | 5.            | \$                  | 0.00                      |

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| Deb         | or 1 Rachel C Bruske C   | case num          | ber (if known)      |                          |
|-------------|--|-------------------|---------------------|--------------------------|
| 6.          | Utilities:   |                   |                     |                          |
| ٥.          | 6a. Electricity, heat, natural gas   | 6a.               | \$                  | 250.00                   |
|             | 6b. Water, sewer, garbage collection   | 6b.               | · -                 | 150.00                   |
|             | 6c. Telephone, cell phone, Internet, satellite, and cable services   | 6c.               | ·                   | 150.00                   |
|             | 6d. Other. Specify:  | 6d.               | ·                   | 0.00                     |
| 7.          | Food and housekeeping supplies   | _ ou.<br>7.       | ·                   |                          |
|             |  |                   | ·                   | 450.00                   |
| 3.          | Childcare and children's education costs   | 8.                | ·                   | 0.00                     |
| 9.          | Clothing, laundry, and dry cleaning  | 9.                | \$                  | 150.00                   |
| 10.         | Personal care products and services  | 10.               | ·                   | 125.00                   |
| 1.          | Medical and dental expenses  | 11.               | \$                  | 100.00                   |
| 2.          | <b>Transportation.</b> Include gas, maintenance, bus or train fare.  | 40                | Φ.                  | 395.00                   |
|             | Do not include car payments.   | 12.               | ·                   |                          |
|             | Entertainment, clubs, recreation, newspapers, magazines, and books   | 13.               | · · ·               | 0.00                     |
| 4.          | Charitable contributions and religious donations   | 14.               | \$                  | 0.00                     |
| 15.         | Insurance.   |                   |                     |                          |
|             | Do not include insurance deducted from your pay or included in lines 4 or 20.  |                   |                     |                          |
|             | 15a. Life insurance  | 15a.              | \$                  | 0.00                     |
|             | 15b. Health insurance  | 15b.              | \$                  | 0.00                     |
|             | 15c. Vehicle insurance   | 15c.              | \$                  | 80.00                    |
|             | 15d. Other insurance. Specify:   | 15d.              |                     | 0.00                     |
| 6           | <b>Taxes.</b> Do not include taxes deducted from your pay or included in lines 4 or 20.  |                   |                     | 0.00                     |
| ٥.          | Specify:   | 16.               | \$                  | 0.00                     |
| 7.          | Installment or lease payments:   | _                 | · -                 |                          |
|             | 17a. Car payments for Vehicle 1  | 17a.              | \$                  | 0.00                     |
|             | 17b. Car payments for Vehicle 2  | 17b.              | · ·                 | 0.00                     |
|             | 17c. Other. Specify:   | 17c.              | ·                   | 0.00                     |
|             | 17d. Other. Specify:   | — 17d.<br>17d.    | ·                   |                          |
| 0           | • • •  | 17u.              | Φ                   | 0.00                     |
| ۱۵.         | Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).                          | 18.               | \$                  | 0.00                     |
| ۱۵          | Other payments you make to support others who do not live with you.  |                   | \$                  | 0.00                     |
| Э.          |  | 19.               | Ψ                   | 0.00                     |
| 00          | Specify:   |                   | our Incomo          |                          |
| υ.          | Other real property expenses not included in lines 4 or 5 of this form or on <i>Schedu</i> 20a. Mortgages on other property  | uie i: 10<br>20a. |                     | 0.00                     |
|             |  |                   |                     |                          |
|             | 20b. Real estate taxes   | 20b.              | · -                 | 0.00                     |
|             | 20c. Property, homeowner's, or renter's insurance  | 20c.              |                     | 0.00                     |
|             | 20d. Maintenance, repair, and upkeep expenses  | 20d.              |                     | 0.00                     |
|             | 20e. Homeowner's association or condominium dues   | 20e.              | \$                  | 0.00                     |
| 21.         | Other: Specify:  | 21.               | +\$                 | 0.00                     |
|             | Calculate your monthly average   | <del></del>       |                     |                          |
| <u> </u>    | Calculate your monthly expenses  |                   |                     | 0 700 00                 |
|             | 22a. Add lines 4 through 21.   |                   | \$                  | 2,700.00                 |
|             | 22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2   |                   | \$                  |                          |
|             | 22c. Add line 22a and 22b. The result is your monthly expenses.  |                   | \$                  | 2,700.00                 |
|             |  |                   |                     |                          |
| <u>′</u> 3. | Calculate your monthly net income.   |                   | •                   | 0.000                    |
|             | 23a. Copy line 12 (your combined monthly income) from Schedule I.  | 23a.              |                     | 3,951.99                 |
|             | 23b. Copy your monthly expenses from line 22c above.   | 23b.              | -\$                 | 2,700.00                 |
|             |  |                   |                     |                          |
|             | 23c. Subtract your monthly expenses from your monthly income.  | 220               | \$                  | 1,251.99                 |
|             | The result is your monthly net income.   | 23c.              | Ψ                   | 1,231.33                 |
| 24          | De veu eynest en inevene en desvesse in veus en en en en eith in the veus effective  | file this         | · farm?             |                          |
| <b>∠4</b> . | Do you expect an increase or decrease in your expenses within the year after you For example, do you expect to finish paying for your car loan within the year or do you expect your m |                   |                     | or decrease bossuss of a |
|             | modification to the terms of your mortgage?  | iorigage          | payment to increase | or decrease because of a |
|             | ■ No.  |                   |                     |                          |
|             |  |                   |                     |                          |
|             | Yes. Explain here:   |                   |                     |                          |

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| Fill in this infor  | mation to identify your o                          | ase:   |                             |                         |  |
|---|--|--|-----------------------------|-------------------------|--|
| Debtor 1  | Rachel C Bruske                                    |  |                             |                         |  |
|   | First Name   | Middle Name                                      | Last Name                   |                         |  |
| Debtor 2<br>(Spouse if, filing)                           | First Name   | Middle Name                                      | Last Name                   |                         |  |
| United States Ba  | ankruptcy Court for the:                           | NORTHERN DISTRICT                                | OF ILLINOIS                 |                         |  |
| Case number (if known)                                    |  |  |                             |                         | ☐ Check if this is an amended filing                                     |
| Official Form   | <del></del>  | n Individual                                     | Debtor's Sc                 | hedules                 | 12/15  |
| You must file thi<br>obtaining money<br>years, or both. 1 | s form whenever you fil                            | e bankruptcy schedules<br>connection with a bank |                             | Making a false state    | ement, concealing property, or<br>0, or imprisonment for up to 20        |
| Did you pa  | y or agree to pay some                             | one who is NOT an attor                          | ney to help you fill out ba | ankruptcy forms?        |  |
| ■ No  |  |  |                             |                         |  |
| ☐ Yes. N  | Name of person                                     |  |                             |                         | cruptcy Petition Preparer's Notice,<br>and Signature (Official Form 119) |
|   | lty of perjury, I declare t<br>e true and correct. | hat I have read the sum                          | mary and schedules filed    | I with this declaration | n and  |
| X /s/ Rac   | hel C Bruske                                       |  | X                           |                         |  |

Rachel C Bruske

Signature of Debtor 1

Date January 9, 2017

Signature of Debtor 2

Date

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| Fill              | in this inform    | ation to identify you                        | r case:  |                                  |  |                                       |
|-------------------|-------------------|--|--|----------------------------------|--|---------------------------------------|
| De                | btor 1            | Rachel C Bruske                              |  |                                  |  |                                       |
| Do                | btor 2            | First Name                                   | Middle Name  | Last Name                        |  |                                       |
|                   | ouse if, filing)  | First Name                                   | Middle Name  | Last Name                        |  |                                       |
| Uni               | ited States Ban   | kruptcy Court for the:                       | NORTHERN DISTRICT C  | OF ILLINOIS                      |  |                                       |
| Ca                | se number         |  |  |                                  |  |                                       |
|                   | nown)             |  |  |                                  | -  | Check if this is an<br>imended filing |
|                   |                   |  |  |                                  |  | interlaca ming                        |
|                   | · · · · –         | 4.07   |  |                                  |  |                                       |
|                   | ficial For        |  |  |                                  |  |                                       |
| St                | atement           | of Financial A                               | Affairs for Individ  | duals Filing for B               | ankruptcy  | 4/16                                  |
|                   |                   |  |  |                                  | equally responsible for sup                                |                                       |
|                   |                   | ore space is needed,<br>). Answer every ques |  | this form. On the top of any     | additional pages, write you                                | ur name and case                      |
|                   |                   |  |  |                                  |  |                                       |
| Pai               |                   |  | rital Status and Where You   | Lived Before                     |  |                                       |
| 1.                | What is your      | current marital statu                        | is?  |                                  |  |                                       |
|                   | ☐ Married         |  |  |                                  |  |                                       |
|                   | Not marr          | ied  |  |                                  |  |                                       |
| 2.                | During the la     | st 3 years, have you                         | lived anywhere other than  | where you live now?              |  |                                       |
|                   | ■ No              |  |  |                                  |  |                                       |
|                   | _                 | all of the places you li                     | ived in the last 3 years. Do no  | ot include where you live now    | <u>.</u>   |                                       |
|                   |                   | , ,  | ·  | ,                                |  | D . D                                 |
|                   | Debtor 1 Pri      | or Address:                                  | Dates Debtor 1 lived there   | Debtor 2 Prior Ad                | aress:   | Dates Debtor 2<br>lived there         |
| ,                 | Within the lea    | ot 9 voore did vou o                         | vor live with a speuce or les  | ral aquivalent in a commun       | ity proporty state or torritor                             | u2 (Community proporty                |
| <b>s.</b><br>stat |                   |  |  |                                  | ity property state or territor co, Texas, Washington and V |                                       |
|                   | <b>-</b>          |  |  |                                  |  |                                       |
|                   | ■ No □ Yes, Mak   | re sure vou fill out Sch                     | nedule H: Your Codebtors (Of   | fficial Form 106H)               |  |                                       |
|                   |                   | te sure you iiii out och                     | leddie 11. Todi Codebiois (Oi  | miciai roini 10011).             |  |                                       |
| Pa                | rt 2 Explain      | the Sources of You                           | r Income   |                                  |  |                                       |
| 4                 | Did bassa         |  |  |                                  |  |                                       |
| 4.                |                   |  | nployment or from operating use in the control of t |                                  | ear or the two previous cale time activities.              | ndar years?                           |
|                   | If you are filing | g a joint case and you                       | have income that you receive   | e together, list it only once ur | der Debtor 1.  |                                       |
|                   | □ No              |  |  |                                  |  |                                       |
|                   | Yes. Fill         | n the details.                               |  |                                  |  |                                       |
|                   |                   |  | Dobtor 1   |                                  | Dahtar 2   |                                       |
|                   |                   |  | Debtor 1 Sources of income   | Gross income                     | Debtor 2 Sources of income                                 | Gross income                          |
|                   |                   |  | Check all that apply.  | (before deductions and           | Check all that apply.                                      | (before deductions                    |
|                   |                   |  |  | exclusions)                      |  | and exclusions)                       |
|                   |                   | of current year until                        | ■ Wages, commissions,  | \$0.00                           | ☐ Wages, commissions,                                      |                                       |
| tne               | aate you filed    | for bankruptcy:                              | bonuses, tips  |                                  | bonuses, tips  |                                       |
|                   |                   |  | ☐ Operating a business   |                                  | ☐ Operating a business                                     |                                       |

Official Form 107

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Case number (if known) Debtor 1 Rachel C Bruske

|            |  |  |   | Debtor 1   |  |   | De   | otor 2   |  |   |
|------------|--|--|---|--|--|---|--|--|--|---|
|            |  |  |   | Sources of income<br>Check all that apply.   | (be  | oss income<br>fore deductions and<br>clusions)  |  | urces of inc<br>eck all that a   |  | Gross income<br>(before deductions<br>and exclusions) |
|            | last calen<br>nuary 1 to                         | dar year:<br>December 3  | 31, 2016 )  | ■ Wages, commissions, bonuses, tips  |  | \$89,775.00   |  | Wages, com<br>nuses, tips  | missions,  |   |
|            |  |  |   | ☐ Operating a business   |  |   |  | Operating a  | business   |   |
| For<br>(Ja | the calen  | dar year bef<br>December 3   | ore that:<br>31, 2015 )   | ■ Wages, commissions, bonuses, tips  |  | \$77,862.00   |  | Wages, com   | missions,  |   |
|            |  |  |   | ☐ Operating a business   |  |   |  | Operating a  | business   |   |
| 5.         | Include include and other winnings.  List each s | come regard<br>public benef<br>If you are fili                     | less of wheth<br>it payments; p<br>ng a joint cas<br>ne gross inco  | e during this year or the tweer that income is taxable. Expensions; rental income; interest and you have income that me from each source separate.                                       | camples<br>erest; di<br>you red  | s of other income are<br>vidends; money colle<br>ceived together, list it   | alimon<br>ected fro<br>only or                         | om lawsuits;<br>nce under De   | royalties; and<br>ebtor 1.   | ecurity, unemployment<br>d gambling and lottery       |
|            |  |  |   | Debtor 1   |  |   | De   | otor 2   |  |   |
|            |  |  |   | Sources of income<br>Describe below.   | eac<br>(be   | ch source<br>fore deductions and<br>clusions)   |  | urces of inc<br>scribe below   |  | Gross income<br>(before deductions<br>and exclusions) |
| Par        | t 3: List  | t Certain Pa   | ments You   | Made Before You Filed for  | Bankr  | uptcy   |  |  |  |   |
| 6.         | □ No.  | Neither De individual puring the No. Yes  * Subject to Debtor 1 or | btor 1 nor D rimarily for a 90 days befo Go to line 7. List below e paid that cre not include o adjustment r Debtor 2 o 90 days befo Go to line 7. List below e include pay | ach creditor to whom you pa<br>editor. Do not include payme<br>payments to an attorney for<br>on 4/01/19 and every 3 yea<br>r both have primarily cons<br>re you filed for bankruptcy, o | did you aid a tot this bar rs after umer did you aid a tot aid aid aid a tot aid aid aid a tot aid | pay any creditor a total of \$6,425* or more domestic support oblinkruptcy case. that for cases filed or lebts.  pay any creditor a total of \$600 or more and of \$600 or more and oose. | al of \$6<br>in one<br>igations<br>or aft<br>al of \$6 | or more pays, such as cher the date of the | re?  ments and the support and | he total amount you<br>ind alimony. Also, do          |
|            | Creditor'  | 's Name and  | Address   | Dates of paym  | ent  | Total amount  | Am   | ount you   | Was this r   | payment for   |
|            |  |  |   |  |  | paid  |  | still owe  |  | •   |

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| 7.  | Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?  Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony. |  |                      |                      |                            |                              |  |  |
|-----|--|--|----------------------|----------------------|----------------------------|------------------------------|--|--|
|     | Yes. List all payments to an insider.  |  |                      |                      |                            |                              |  |  |
|     | Insider's Name and Address   | Dates of payment                                     | Total amount paid    | Amount you still owe | Reason for                 | this payment                 |  |  |
| 8.  | Within 1 year before you filed for bankrupt insider? Include payments on debts guaranteed or cos  No   |  | ments or transfer a  | any property on a    | ccount of a d              | ebt that benefited an        |  |  |
|     | ☐ Yes. List all payments to an insider   |  |                      |                      |                            |                              |  |  |
|     | Insider's Name and Address   | Dates of payment                                     | Total amount paid    | Amount you still owe | Reason for<br>Include cred | this payment<br>litor's name |  |  |
|     | t 4: Identify Legal Actions, Repossession  | Fausalaavuus   |                      |                      |                            |                              |  |  |
| 9.  | Within 1 year before you filed for bankrupt List all such matters, including personal injury modifications, and contract disputes.  No Yes. Fill in the details.  Case title Case number   | cy, were you a party in a                            |                      |                      |                            | t or custody                 |  |  |
| 10. | Within 1 year before you filed for bankrupt Check all that apply and fill in the details below  No. Go to line 11.  Yes. Fill in the information below.  Creditor Name and Address   |  | erty repossessed, f  | oreclosed, garnis    | hed, attached              | Value of the                 |  |  |
|     |  | Explain what happened                                |                      |                      |                            | property                     |  |  |
| 11. | Within 90 days before you filed for bankrup accounts or refuse to make a payment bed  No Yes. Fill in the details.   | otcy, did any creditor, inc<br>ause you owed a debt? | luding a bank or fir |                      |                            |                              |  |  |
|     | Creditor Name and Address  | Describe the action the                              | e creditor took      | Date<br>taken        | action was                 | Amount                       |  |  |
| 12. | Within 1 year before you filed for bankrupt court-appointed receiver, a custodian, or a  ■ No □ Yes  |  | erty in the possess  | 33333                |                            | efit of creditors, a         |  |  |
| Pai | t 5: List Certain Gifts and Contributions  |  |                      |                      |                            |                              |  |  |
| 13. | Within 2 years before you filed for bankrup  ■ No  □ Yes. Fill in the details for each gift.   | etcy, did you give any gift                          | s with a total value | of more than \$60    | 0 per person               | ?                            |  |  |
|     | Gifts with a total value of more than \$600 per person   | Describe the gifts                                   |                      | Dates<br>the g       | s you gave<br>ifts         | Value                        |  |  |
|     | Person to Whom You Gave the Gift and Address:  |  |                      |                      |                            |                              |  |  |

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| 14. | Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?  ■ No                                |                              |   |                    |  |                           |  |
|-----|--|------------------------------|---|--------------------|--|---------------------------|--|
|     | ☐ Yes. Fill in the details for each gift or of Gifts or contributions to charities that it more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Cod         | total                        | Describe what you contributed   |                    | Dates you contributed                          | Value                     |  |
| Par | t 6: List Certain Losses   |                              |   |                    |  |                           |  |
| 15. | Within 1 year before you filed for bankru or gambling?   | iptcy or                     | since you filed for bankruptcy, did y   | ou lose anyt       | hing because of the                            | ft, fire, other disaster, |  |
|     | ■ No □ Yes. Fill in the details.   |                              |   |                    |  |                           |  |
|     | Describe the property you lost and how the loss occurred   | Include                      | be any insurance coverage for the lot the amount that insurance has paid. Lace claims on line 33 of Schedule A/B: | ist pending        | Date of your loss                              | Value of property lost    |  |
| Par | t 7: List Certain Payments or Transfers  | •                            |   | , ,                |  |                           |  |
|     | Within 1 year before you filed for bankru consulted about seeking bankruptcy or Include any attorneys, bankruptcy petition process. No  Yes. Fill in the details.                  | preparir                     | ng a bankruptcy petition?<br>s, or credit counseling agencies for ser   | vices required     | d in your bankruptcy.                          |                           |  |
|     | Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You   |                              | Description and value of any property transferred   |                    | Date payment or transfer was made              | Amount of payment         |  |
|     | Suburban Legal Group, PC<br>1305 Remington Road<br>Suite C<br>Schaumburg, IL 60173   |                              | \$4000; (\$100 pre filing; remainder in the Chapter 13 Plan)  |                    | 2016   | \$4,000.00                |  |
|     | Credit Info Net<br>Dayton, OH  |                              | three credit reports, credit couns<br>debtor education  | 2016               | \$40.00  |                           |  |
| 17. | Within 1 year before you filed for bankru promised to help you deal with your cree Do not include any payment or transfer that No  | ditors o                     | r to make payments to your creditor   | behalf pay o<br>s? | or transfer any prope                          | rty to anyone who         |  |
|     | Yes. Fill in the details.  |                              |   |                    | -  |                           |  |
|     | Person Who Was Paid<br>Address   |                              | Description and value of any propertransferred  | erty               | Date payment<br>or transfer was<br>made        | Amount of payment         |  |
| 18. | Within 2 years before you filed for bankr transferred in the ordinary course of you include both outright transfers and transfers include gifts and transfers that you have all No | u <b>r busin</b><br>s made a | ess or financial affairs? as security (such as the granting of a se   |                    | •  |                           |  |
|     | Yes. Fill in the details.  |                              |   |                    |  |                           |  |
|     | Person Who Received Transfer Address  Person's relationship to you   |                              | Description and value of property transferred   |                    | any property or<br>received or debts<br>change | Date transfer was made    |  |
|     | Person's relationship to you   |                              |   |                    |  |                           |  |

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Debtor 1 Rachel C Bruske

| 19. | Within 10 years before you filed for bankrupt beneficiary? (These are often called asset-profile No  |  | ny property to a  | a self-settle | ed trust or similar device                           | of which you are a                    | 3    |
|-----|--|--|-------------------|---------------|--|---------------------------------------|------|
|     | ☐ Yes. Fill in the details.  |  |                   |               |  |                                       |      |
|     | Name of trust  | Description and  | value of the pro  | operty tran   | sferred  | Date Transfer w made                  | as   |
| Pa  | rt 8: List of Certain Financial Accounts, Ins  | truments, Safe Depos   | it Boxes, and S   | Storage Uni   | ts   |                                       |      |
| 20. | Within 1 year before you filed for bankruptcy sold, moved, or transferred? Include checking, savings, money market, or houses, pension funds, cooperatives, assoc No | r other financial accou  | ınts; certificate | s of depos    |  | •                                     |      |
|     | Name of Financial Institution and<br>Address (Number, Street, City, State and ZIP<br>Code)   | Last 4 digits of account number                                      | Type of acco      | ount or       | Date account was closed, sold, moved, or transferred | Last balar<br>before closing<br>trans | or   |
| 21. | Do you now have, or did you have within 1 yeash, or other valuables?   | ear before you filed fo  | r bankruptcy, a   | any safe de   | posit box or other depos                             | sitory for securities                 | ۶,   |
|     | ■ No □ Yes. Fill in the details.   |  |                   |               |  |                                       |      |
|     | Name of Financial Institution<br>Address (Number, Street, City, State and ZIP Code)  | Who else had ac<br>Address (Number, State and ZIP Code)              |                   | Describe      | the contents   | Do you still have it?                 |      |
| 22. | Have you stored property in a storage unit o   | r place other than you   | r home within     | 1 year befo   | re you filed for bankrupt                            | cy?                                   |      |
|     | Yes. Fill in the details.  |  |                   |               |  |                                       |      |
|     | Name of Storage Facility<br>Address (Number, Street, City, State and ZIP Code)   | Who else has or<br>to it?<br>Address (Number,<br>State and ZIP Code) |                   | Describe      | the contents   | Do you still have it?                 |      |
| Pa  | rt 9: Identify Property You Hold or Control f  | for Someone Else   |                   |               |  |                                       |      |
| 23. | Do you hold or control any property that son for someone.  | neone else owns? Inc   | lude any prope    | rty you bor   | rowed from, are storing                              | for, or hold in trus                  | t    |
|     | No   |  |                   |               |  |                                       |      |
|     | Yes. Fill in the details.  Owner's Name  | Where is the pro   | norty?            | Describe      | the property   | Va                                    | مررا |
|     | Address (Number, Street, City, State and ZIP Code)   | (Number, Street, City,<br>Code)                                      |                   | Describe      | tille property                                       | Va                                    | ue   |
|     | rt 10: Give Details About Environmental Info   |  |                   |               |  |                                       |      |
|     | Environmental law means any federal, state, toxic substances, wastes, or material into th regulations controlling the cleanup of these                               | e air, land, soil, surfac  | e water, groun    |               |  |                                       | or   |
|     | Site means any location, facility, or property to own, operate, or utilize it, including dispos  | as defined under any   |                   | law, wheth    | ner you now own, operat                              | e, or utilize it or us                | ed   |
|     | Hazardous material means anything an envir   | ronmental law defines  | as a hazardou     | s waste, ha   | azardous substance, tox                              | ic substance,                         |      |

hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

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Debtor 1 Rachel C Bruske

| 24. | Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?  No   |  |   |        |  |                    |  |  |  |
|-----|--|--|---|--------|--|--------------------|--|--|--|
|     | _  | Yes. Fill in the details.  |   |        |  |                    |  |  |  |
|     |  | me of site dress (Number, Street, City, State and ZIP Code)                            | Governmental unit<br>Address (Number, Street, City, State an<br>ZIP Code) | ıd     | Environmental law, if you know it                      | Date of notice     |  |  |  |
| 25. | Hav  | e you notified any governmental unit of  | any release of hazardous material?  |        |  |                    |  |  |  |
|     |  | No<br>Yes. Fill in the details.  |   |        |  |                    |  |  |  |
|     |  | me of site<br>dress (Number, Street, City, State and ZIP Code)                         | Governmental unit<br>Address (Number, Street, City, State an<br>ZIP Code) | ıd     | Environmental law, if you know it                      | Date of notice     |  |  |  |
| 26. | Hav  | e you been a party in any judicial or adn  | ninistrative proceeding under any env                                     | iron   | mental law? Include settlements a                      | and orders.        |  |  |  |
|     |  | No<br>Yes. Fill in the details.  |   |        |  |                    |  |  |  |
|     |  | se Title<br>se Number  | Court or agency Name Address (Number, Street, City, State and ZIP Code)   | Na     | ture of the case                                       | Status of the case |  |  |  |
| Par | 111:   | Give Details About Your Business or  | Connections to Any Business   |        |  |                    |  |  |  |
| 27. | With   | nin 4 years before you filed for bankrupt  | cy, did you own a business or have ar                                     | ny of  | f the following connections to any                     | / business?        |  |  |  |
|     |  | lacksquare A sole proprietor or self-employed in                                       | n a trade, profession, or other activity                                  | , eith | ner full-time or part-time                             |                    |  |  |  |
|     |  | ☐ A member of a limited liability company (LLC) or limited liability partnership (LLP) |   |        |  |                    |  |  |  |
|     |  | ☐ A partner in a partnership   |   |        |  |                    |  |  |  |
|     |  | ☐ An officer, director, or managing exc  | ecutive of a corporation  |        |  |                    |  |  |  |
|     | ☐ An owner of at least 5% of the voting or equity securities of a corporation  |  |   |        |  |                    |  |  |  |
|     |  | No. None of the above applies. Go to F   | Part 12.  |        |  |                    |  |  |  |
|     |  | Yes. Check all that apply above and fill   | in the details below for each business                                    | s.     |  |                    |  |  |  |
|     |  | siness Name<br>dress   | Describe the nature of the business                                       |        | Employer Identification numbe                          |                    |  |  |  |
|     |  | mber, Street, City, State and ZIP Code)  | Name of accountant or bookkeeper  |        | Do not include Social Security  Dates business existed | number of fine.    |  |  |  |
| 28. | Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties. |  |   |        |  |                    |  |  |  |
|     | ■ No □ Yes. Fill in the details below.   |  |   |        |  |                    |  |  |  |
|     | Name Address (Number, Street, City, State and ZIP Code)  |  |   |        |  |                    |  |  |  |
|     |  |  |   |        |  |                    |  |  |  |

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Debtor 1 Rachel C Bruske

| Part 12: Sign Below                       |   |   |
|---|---|---|
| are true and correct. I understand that n | ent of Financial Affairs and any attachments, and I declar<br>naking a false statement, concealing property, or obtaini<br>es up to \$250,000, or imprisonment for up to 20 years, or | ng money or property by fraud in connection |
| /s/ Rachel C Bruske                       |   |   |
| Rachel C Bruske                           | Signature of Debtor 2   |   |
| Signature of Debtor 1                     |   |   |
| Date January 9, 2017                      | Date  |   |
| Did you attach additional pages to Your   | Statement of Financial Affairs for Individuals Filing for I   | Bankruptcy (Official Form 107)?             |
| No  |   |   |
| □Yes                                      |   |   |
| Did you pay or agree to pay someone w     | ho is not an attorney to help you fill out bankruptcy form  | ns?   |
| No  |   |   |

☐ Yes. Name of Person \_\_\_\_\_. Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

### This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

# The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation        |
|------------|--------------------|
| \$245      | filing fee         |
| \$75       | administrative fee |
| + \$15     | trustee surcharge  |
| \$335      | total fee          |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes:

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

### **Chapter 11: Reorganization**

\$1,167 filing fee

+ \$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

# Chapter 12: Repayment plan for family farmers or fishermen

|   | \$200 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$275 | total fee          |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

|   | \$235 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$310 | total fee          |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes.

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

## Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: <a href="http://www.uscourts.gov/bkforms/bankruptcy\_forms.html">http://www.uscourts.gov/bkforms/bankruptcy\_forms.html</a>#procedure.

### Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

# Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: <a href="http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html">http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html</a>

In Alabama and North Carolina, go to: <a href="http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit">http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit</a> AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

# UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS

# RIGHTS AND RESPONSIBILITIES AGREEMENT BETWEEN CHAPTER 13 DEBTORS AND THEIR ATTORNEYS

## (Court-Approved Retention Agreement, Use for cases filed on or after September 19, 2016)

Chapter 13 gives debtors important rights, such as the right to keep property that could otherwise be lost through repossession or foreclosure, but Chapter 13 also puts burdens on debtors, such as the burden of making complete and truthful disclosures of their financial situation. It is important for debtors who file a Chapter 13 bankruptcy case to understand their rights and responsibilities in bankruptcy. In this connection, the advice of an attorney is often crucial. Debtors are entitled to certain services from their attorneys, but debtors also have responsibilities to their attorneys. In order to assure that debtors and their attorneys understand their rights and responsibilities in the Chapter 13 process, the judges of the Bankruptcy Court for the Northern District of Illinois have approved this agreement, setting out the rights and responsibilities of both debtors in Chapter 13 and their attorneys, including how their attorneys will be paid for their services in the Chapter 13 case. By signing this agreement, debtors and their attorneys accept these responsibilities.

The Bankruptcy Code may require a debtor's attorney to provide the debtor with certain documents and agreements at the start of the representation. The terms of this court-approved agreement take the place of any conflicting provision in an earlier agreement. This agreement cannot be modified in any way by other agreements. Any provision of another agreement between the debtor and the attorney that conflicts with this agreement is void.

### A. BEFORE THE CASE IS FILED

#### THE DEBTOR AGREES TO:

- 1. Discuss with the attorney the debtor's objectives in filing the case.
- 2. Provide the attorney with full, accurate and timely information, financial and otherwise, including properly documented proof of income.

#### THE ATTORNEY AGREES TO:

- 1. Personally counsel the debtor regarding the advisability of filing either a Chapter 13 or a Chapter 7 case, discuss both procedures (as well as non-bankruptcy options) with the debtor, and answer the debtor's questions.
- 2. Personally explain to the debtor that the attorney is being engaged to represent the debtor on all matters arising in the case, as required by Local Bankruptcy Rule, and explain how and when the attorney's fees and the trustee's fees are determined and paid.

- 3. Personally review with the debtor and sign the completed petition, plan, statements, and schedules, as well as all amendments thereto, whether filed with the petition or later. (The schedules may be initially prepared with the help of clerical or paralegal staff of the attorney's office, but personal attention of the attorney is required for the review and signing.)
- 4. Timely prepare and file the debtor's petition, plan, statements, and schedules.
- 5. Explain to the debtor how, when, and where to make all necessary payments, including both payments that must be made directly to creditors and payments that must be made to the Chapter 13 trustee, with particular attention to housing and vehicle payments.
- 6. Advise the debtor of the need to maintain appropriate insurance.

#### B. AFTER THE CASE IS FILED

#### THE DEBTOR AGREES TO:

- 1. Make the required payments to the trustee and to whatever creditors are being paid directly or, if required payments cannot be made, to notify the attorney immediately.
- 2. Appear punctually at the meeting of creditors (also called the "341 meeting") with recent proof of income and a picture identification card. (If the identification card does not include the debtor's social security number, the debtor must also bring to the meeting a social security card.) The debtor must be present in time for check-in and, when the case is called, for the actual examination.
- 3. Notify the attorney of any change in the debtor's address or telephone number.
- 4. Inform the attorney of any wage garnishments or liens or levies on assets that occur or continue after the filing of the case.
- 5. Contact the attorney immediately if the debtor loses employment, has a significant change in income, or experiences any other significant change in financial situation (such as serious illness, marriage, divorce or separation, lottery winnings, or an inheritance).
- 6. Notify the attorney if the debtor is sued or wishes to file a lawsuit (including divorce).
- 7. Inform the attorney if any tax refunds to which the debtor is entitled are seized or not received when due from the IRS or Illinois Department of Revenue.
- 8. Contact the attorney before buying, refinancing, or selling real property and before entering into any loan agreement.
- 9. Supply the attorney with copies of all tax returns filed while the case is pending.

### THE ATTORNEY AGREES TO:

- 1. Advise the debtor of the requirement to attend the meeting of creditors and notify the debtor of the date, time, and place of the meeting.
- 2. Inform the debtor that the debtor must be punctual and, in the case of a joint filing, that both spouses must appear at the same meeting.
- 3. Provide knowledgeable legal representation for the debtor at the meeting of creditors (in time for check-in and the actual examination) and, unless excused by the trustee, for the confirmation hearing.
- 4. If the attorney will be employing another attorney to attend the 341 meeting or any court hearing, personally explain to the debtor, in advance, the role and identity of the other attorney and provide the other attorney with the file in sufficient time to review it and properly represent the debtor.
- 5. Timely submit to the Chapter 13 trustee properly documented proof of income for the debtor, including business reports for self-employed debtors.
- 6. Timely respond to objections to plan confirmation and, where necessary, prepare, file, and serve an amended plan.
- 7. Timely prepare, file, and serve any necessary statements, amended statements, and schedules and any change of address, in accordance with information provided by the debtor.
- 8. Monitor all incoming case information (including, but not limited to, Order Confirming Plan, Notice of Intent to Pay Claims, and 6-month status reports) for accuracy and completeness. Contact the trustee promptly regarding any discrepancies.
- 9. Be available to respond to the debtor's questions throughout the term of the plan.
- 10. Prepare, file, and serve timely modifications to the plan after confirmation, when necessary, including modifications to suspend, lower, or increase plan payments.
- 11. Prepare, file, and serve necessary motions to buy or sell property and to incur debt.
- 12. Object to improper or invalid claims.
- 13. Timely respond to the Chapter 13 trustee's motions to dismiss the case, such as for payment default or unfeasibility, and to motions to increase the percentage payment to unsecured creditors.
- 14. Timely respond to motions for relief from stay.
- 15. Prepare, file, and serve all appropriate motions to avoid liens.
- 16. Prepare, file, and serve a notice of conversion to Chapter 7, pursuant to § 1307(a) of the Bankruptcy Code and Local Bankruptcy Rule 1017-1.
- 17. Provide any other legal services necessary for the administration of the case.

# C. TERMINATION OR CONVERSION OF THE CASE AFTER ENTRY OF AN ORDER APPROVING FEES AND EXPENSES

- 1. Approved fees and expenses paid under the provisions set out below are generally not refundable in the event that the case is dismissed prior to its completion, unless the dismissal is due to a failure by the attorney to comply with the duties set out in this agreement. If such a dismissal is due to a failure by the attorney, the court may order a refund of fees on motion by the debtor.
- 2. If the case is dismissed after approval of the fees and expenses but before payment of all allowed fees and expenses, the order entered by the Bankruptcy Court allowing the fees and expenses is not a judgment against the debtor for the unpaid fees and expenses based on contract law or otherwise.
- 3. If the case is converted to a case under Chapter 7 after approval of the fees and expenses under this agreement but before the payment of all fees and expenses, the attorney will be entitled to an administrative claim in the Chapter 7 case for any unpaid fees and expenses, pursuant to § 726(b) of the Bankruptcy Code, plus any conversion fee the attorney pays on behalf of the debtor.

#### D. RETAINERS AND PREVIOUS PAYMENTS

1. The attorney may receive a retainer or other payment before filing the case but may not receive fees directly from the debtor after the filing of the case. Unless the following provision is checked and completed, any retainer received by the attorney will be treated as a security retainer, to be placed in the attorney's client trust account until approval of a fee application by the court.

□The attorney seeks to have the retainer received by the attorney treated as an advance payment retainer, which allows the attorney to take the retainer into income immediately. The attorney hereby provides the following further information and representations:

- (a) The special purpose for the advance payment retainer and why it is advantageous to the debtor is as follows:
- (b) The retainer will not be held in a client trust account and will become property of the attorney upon payment and will be deposited into the attorney's general account;
- (c) The retainer is a flat fee for the services to be rendered during the Chapter 13 case and will be applied for such services without the need for the attorney to keep detailed hourly time records for the specific services performed for the debtor;

- (d) Any portion of the retainer that is not earned or required for expenses will be refunded to the client; and
- (e) The attorney is unwilling to represent the debtor without receiving an advanced payment retainer because of the nature of the Chapter 13 case, the fact that the great majority of services for such case are performed prior to its filing, and the risks associated with the representation of debtors in bankruptcy cases in general.
- 2. In any application for compensation, the attorney must disclose to the court any fees or other compensation paid by the debtor to the attorney for any reason within the one year before the case filing, including the date(s) any such fees were paid.

### E. CONDUCT AND DISCHARGE

- 1. *Improper conduct by the attorney*. If the debtor disputes the sufficiency or quality of the legal services provided or the amount of the fees charged by the attorney, the debtor may file an objection with the court and request a hearing.
- 2. *Improper conduct by the debtor*. If the attorney believes that the debtor is not complying with the debtor's responsibilities under this agreement or is otherwise engaging in improper conduct, the attorney may apply for a court order allowing the attorney to withdraw from the case.
- 3. Discharge of the attorney. The debtor may discharge the attorney at any time.

[Remaining page intentionally left blank.]

### F. ALLOWANCE AND PAYMENT OF ATTORNEYS' FEES AND EXPENSES

- 1. Any attorney retained to represent a debtor in a Chapter 13 case is responsible for representing the debtor on all matters arising in the case unless otherwise ordered by the court. For all of the services outlined above, the attorney will be paid a flat fee of \$4,000.00.
- 2. In addition, the debtor will pay the filing fee required in the case and other expenses of \$310.00.
- 3. Before signing this agreement, the attorney has received, \$100.00 toward the flat fee, leaving a balance due of \$3,900.00; and \$0.00 for expenses, leaving a balance due for the filing fee of \$0.00.
- 4. In extraordinary circumstances, such as extended evidentiary hearings or appeals, the attorney may apply to the court for additional compensation for these services. Any such application must be accompanied by an itemization of the services rendered, showing the date, the time expended, and the identity of the attorney performing the services. The debtor must be served with a copy of the application and notified of the right to appear in court to object.

| Date: January 9, 2017                         | · ·                        |  |
|---|----------------------------|--|
| Signed:                                       |                            |  |
| /s/ Rachel C Bruske                           | /s/ John P. Carlin         |  |
| Rachel C Bruske                               | John P. Carlin 6277222     |  |
|   | Attorney for the Debtor(s) |  |
|   |                            |  |
| Debtor(s)                                     |                            |  |
| Do not sign this agreement if the amounts are | e blank.                   |  |

**Local Bankruptcy Form 23c** 

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B2030 (Form 2030) (12/15)

# **United States Bankruptcy Court**Northern District of Illinois

| In 1 | re   | Rachel C Bruske   |   | Case No.         |                                    |  |  |
|------|------|---|---|------------------|------------------------------------|--|--|
|      |      |   | Debtor(s)                                 | Chapter          | 13                                 |  |  |
|      |      | DISCLOSURE OF COMPENSATION  | ON OF ATTORNE                             | Y FOR DE         | EBTOR(S)                           |  |  |
| 1.   | cor  | suant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certification paid to me within one year before the filing of the prendered on behalf of the debtor(s) in contemplation of or in contemplation. | etition in bankruptcy, or agi             | reed to be paid  | to me, for services rendered or to |  |  |
|      |      | For legal services, I have agreed to accept   |   | \$               | 4,000.00                           |  |  |
|      |      | Prior to the filing of this statement I have received   |   | \$               | 100.00                             |  |  |
|      |      | Balance Due   |   | \$               | 3,900.00                           |  |  |
| 2.   | \$_  | 310.00 of the filing fee has been paid.   |   |                  |                                    |  |  |
| 3.   | The  | e source of the compensation paid to me was:  |   |                  |                                    |  |  |
|      |      | ■ Debtor □ Other (specify):   |   |                  |                                    |  |  |
| 4.   | The  | e source of compensation to be paid to me is:   |   |                  |                                    |  |  |
|      |      | ■ Debtor □ Other (specify):   |   |                  |                                    |  |  |
| 5.   |      | I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.  |   |                  |                                    |  |  |
|      |      | I have agreed to share the above-disclosed compensation with copy of the agreement, together with a list of the names of the  |   |                  |                                    |  |  |
| 6.   | In   | In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:   |   |                  |                                    |  |  |
|      | a.   | [Other provisions as needed]  Negotiations with secured creditors to reduce to man<br>agreements and applications as needed; preparation<br>of liens on household goods.                                  |   |                  |                                    |  |  |
| 7.   | Ву   | agreement with the debtor(s), the above-disclosed fee does not<br>Representation of the debtors in any adversary proc   |   | ce:              |                                    |  |  |
|      |      | CERTI   | FICATION                                  |                  |                                    |  |  |
| this |      | rtify that the foregoing is a complete statement of any agreeme cruptcy proceeding.   | nt or arrangement for paym                | ent to me for re | epresentation of the debtor(s) in  |  |  |
|      | Jan  | uary 9, 2017  | /s/ John P. Carlin                        |                  |                                    |  |  |
|      | Date |   | John P. Carlin 6277222                    |                  |                                    |  |  |
|      |      |   | Signature of Attorney John Carlin         |                  |                                    |  |  |
|      |      |   | 1305 Remington Road                       |                  |                                    |  |  |
|      |      |   | Suite C<br>Schaumburg, IL 60173           |                  |                                    |  |  |
|      |      |   | 847-843-8600 Fax: 847                     |                  |                                    |  |  |
|      |      |   | jcarlin@changandcarlin.  Name of law firm | .com             |                                    |  |  |
|      |      |   | Traine of this juint                      |                  |                                    |  |  |

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# **United States Bankruptcy Court** Northern District of Illinois

| In re | Rachel C Bruske   |                          | Case No.   |  |  |
|-------|---|--------------------------|------------|--|--|
|       |   | Debtor(s)                | Chapter 13 |  |  |
|       | VEF   | RIFICATION OF CREDITOR M | MATRIX     |  |  |
|       |   | Number of Creditors:     |            |  |  |
|       | The above-named Debtor(s) hereby verifies that the list of creditors is true and correct to the best of my (our) knowledge. |                          |            |  |  |
|       | January 9, 2017   | /s/ Rachel C Bruske      |            |  |  |

At&T Universal Citi Card Po Box 6500 Sioux Falls, SD 57117

Bank America Po Box 5170 Correspondence CA6-919-02-41 Simi Valley, CA 93062

Bank Of America Nc4-105-03-14 Po Box 26012 Greensboro, NC 27410

Barclays Bank Delaware 100 S West St Wilmington, DE 19801

Calvary Portfolio Services 500 Summit Lake Ste 400 Valhalla, NY 10595

Chase Auto Finance National Bankruptcy Dept 201 N Central Ave Ms Az1-1191 Phoenix, AZ 85004

Chase Card Attn: Correspondence Po Box 15298 Wilmington, DE 19850

Citi Pob 6241 Sioux Falls, SD 57117

Citibank / Sears Citicorp Cr Srvs/Centralized Bankruptcy Po Box 790040 S Louis, MO 63129

Citimortgage Po Box 6243 Sioux Falls, SD 57117 Comenity Bank/Lane Bryant Po Box 182125 Columbus, OH 43218

Fifth Third Bank 1830 E Paris Ave Se Grand Rapids, MI 49546

Hscb/gatwy Hsbc Card Services/Attn: Bankruptcy Depa Po Box 5264 Carol Stream, IL 60197

Ilinois Dept. of Revenue 100 W. Randolph st Chicago, IL 60601

Internal Revenue Service P.O. Box 7346 Philadelphia, PA 19101-7346

Jefferson Capital Systems, LLC 16 Mcleland Rd Saint Cloud, MN 56303

Kohls/Capital One Kohls Credit Po Box 3043 Milwaukee, WI 53201

Lasalle Bk 1350 East Touhy Des Plaines, IL 60018

Ocwen Loan Servicing Attn: Research Dept 1661 Worthington R Ste 100 West Palm Beach, FL 33409

SYNCB/BRMart Attn: Bankruptcy Po Box 965064 Orlando, FL 32896 Synchrony Bank Credit Card Po Box 965064 Orlando, FL 32896

Target C/O Financial & Retail Srvs Mailstopn BT POB 9475 Minneapolis, MN 55440

United Consumer Financial Services 865 Bassett Rd Westlake, OH 44145